Clinical Lectures
ON CASES OF
INTRA-THORACIC PRESSURE.

Delivered at King's College Hospital.

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LECTURE I.

GENTLEMEN,—There have been recently in the hospital four cases of somewhat rare and interesting forms of intra-thoracic disease; and it would be to be regretted if we allowed this opportunity to escape us of comparing, and studying, and recording the various phenomena they have presented. The most prominent symptoms in each of these cases have been those of pressure, abnormal pressure, on parts within the chest—of intra-thoracic pressure. Now, intra-thoracic pressure may arise in a variety of ways, may affect various structures and organs, and may be attended with very various phenomena. A considerable inflammatory effusion into one or other pleural cavity will compress the corresponding lung, displace the heart and mediastinum, depress the diaphragm, and with it the liver or spleen, and produce a series of well-known physical effects. So, also, a large effusion into the pericardium will alter the relation of the heart to the wall of the chest, compress both lungs, depress the diaphragm, and so on. But it is no part of my present purpose to call your attention specially to cases of pressure arising within the chest from causes such as these. An investigation of that kind would belong properly to the clinical study of pleuritis and pericarditis, and to dropsical effusions into the serous cavities of the chest; with these we have now no direct concern. So, again, aneurismal tumours of the great arterial trunks within the thorax may and do usually give rise to all or some of the various phenomena referable to intra-thoracic pressure. And although I shall have to call your attention to many symptoms precisely the same as those we find set up by the pressure of aneurismal tumours within the chest, it is not with aneurisms that we are now immediately concerned. If, however, I were about to deal with the question of the clinical history of thoracic aneurism, I should have to go over much of the same ground; and in developing the clinical the aspects of cases of intra-thoracic pressure to which I am about to call your attention, I am not able to dismiss the consideration of aneurismal pressure in the same way as I have the consideration of pressure arising from inflammatory effusions.

I think it will more conduce to a clear comprehension of this important subject if I defer any further enumeration of the possible causes of intra-thoracic pressure until I have related the histories of the cases I have to show you. But in order that you may at once obtain some kind of preliminary grasp of this somewhat difficult clinical study, it will be profitable for us to consider briefly and generally what may be the *effects* of pressure within the thorax. These may be referred to five principal divisions, according as they spring—(1) from pressure on parts of the vascular system within the chest—the heart and the great arterial and venous trunks; (2) from pressure on the respiratory organs—the lungs and the large air-tubes; (3) from pressure on the thoracic nerves; (4) from pressure on the œsophagus; and (5) from pressure on the walls of the chest.

1. The position of the heart may be greatly altered by intra-thoracic pressure. Its visible impulse may be moved to the right or to the left, or elevated or depressed. Not unfrequently, from pressure of aneurisms or solid growths about the base of the heart, the organ is, as it were, partially rotated on its horizontal axis, so that its base is pushed down to the same horizontal level as its apex, which is at the same time pushed much to the left of its normal position; or the whole organ may be pushed away from the wall of the chest, so that its impulse can no longer be seen or felt. The *venous trunks* within the chest are very prone to suffer compression from the yielding nature of their walls, so that engorgement and swelling of the venous tributaries of the superior cava are common signs of pressure within the thorax; and when this compression is considerable and rapidly established, œdema of the upper part of the body may ensue. Compression of the arterial trunks is not so common, and usually arises from the pressure of an aneurismal tumour springing from an adjacent vessel.

2. The same influences which lead to displacement of the heart may produce compression of the lungs. Either lung may be pushed away from the wall of the chest, and its place occupied by a solid growth or an aneurismal tumour; and where there should be clear pulmonary resonance on percussion we may get absolute dulness, and where there should be the natural respiratory murmur we may find no breath-sound, or the breath-sounds variously modified. Pressure on the trachea and bronchi gives rise, as we shall see, to some of the most distressing symptoms which attend cases of intra-thoracic pressure—as constant or paroxysmal dyspnœa, orthopnœa, distressing cough, &c.

3. Pressure on the thoracic nerves is often associated with pressure on the great air-tubes, and gives to many of these cases of intra-thoracic pressure their most characteristic and alarming features. Pressure on the vagi and their recurrent branches may produce serious disturbances of cardiac action, paroxysms of suffocative dyspnœa, vomiting, hoarseness, and aphonia. Pressure on the sympathetic may also disturb the cardiac action, and cause flushing of the face and contraction of the pupil. Compression of branches of the brachial plexus and intercostal nerves may be attended with severe neuralgic pains of the chest and arms.

4. Pressure on the œsophagus may produce effects varying from slight difficulty in swallowing solid food to complete inability to swallow either solids or fluids.

5. Pressure on the wall of the chest from within may cause bulging and prominence of the ribs, of their cartilages, or of the sternum, and erosion of these parts; or pressure on the dorsal spine may lead to erosion of the bodies of the vertebræ and even the laying open of the spinal canal. This process is usually attended with severe pains in the back, and is most frequently brought about by the constant impulse and pressure of aneurisms of the thoracic aorta.

These few preliminary details will assist you to map out in your own minds the precise extent and boundaries of the subject we are about to examine together, and will afford a useful introduction to the clinical study of the cases I have now to introduce to you. As these cases are at present all living, they necessarily lack the completeness and precision which are derived from post-mortem examination; but they are on that account more especially *clinical*, for they come before you as cases do in actual practice, not *after* but before death, at which time you are expected to form an opinion as to their nature and probable course. And my special purpose in these lectures is to help you to take a comprehensive *clinical* view of the effects of intra-thoracic pressure.

The case to which I shall first call your attention possesses obvious external characters which leave us no room for doubt as to the cause and nature of the pressure which is exercised within the thorax. The patient is a young woman, in the Twining ward, seventeen years of age, of fair but rather dull complexion, and of a lax and strumous aspect. When first she came under observation she appeared fairly nourished, and presented no very remarkable pallor or emaciation. She lost her father of consumption at thirty-four years of age, and a sister of scarlet fever. Her mother and the other children are alive and healthy. She has always had "a weak chest," and has had, she says, several attacks of "inflammation of the lungs." Fifteen months ago she had scarlet fever, and since then she has suffered much from cough and shortness of breath. Last May, while she was at Hastings for her health, she had an attack of bronchitis, for which she was admitted into the infirmary, and remained there seven weeks.

She applied as an out-patient at the Brompton Hospital on Feb. 28th last, and was admitted into King's College Hospital on March 27th. She complained then of "shooting pains" through the right side, cough with abundant mucous expectoration, dyspnœa often coming on in paroxysms

during the night, and inability to lie down in bed. She has lost flesh, has a bad appetite, and vomits frequently. The catamenia have been absent for eighteen months. Pulse 120; respiration 28; tongue clean.

Occupying the anterior boundary of the right axilla there is a large elongated lobulated tumour, more than twice the size of a man's fist, consisting of a mass of enlarged indurated glands, fused together, and extending backwards into the hollow of the axilla, and forwards and upwards on to the right side of the chest. This mass is quite movable, very hard, and is occasionally the seat of severe shooting pains. In nearly the same situation, on the left side, is a similar but somewhat smaller mass of enlarged glands, lying more anteriorly on the chest wall, and extending forwards and upwards till it nearly reaches the clavicle. In the left supra-clavicular fossa there is another considerable mass of enlarged glands, and a smaller group in the same region on the right side. Both these masses are strongly projected as prominent tumours from both supra-clavicular fossæ during the paroxysms of coughing. A few small lymphatic glands can also be seen and felt here and there in the intercostal spaces, and others are projected and rendered visible in these spaces during coughing. There are no glandular enlargements in the lower half of the body, and but few in the neck above the supra-clavicular fossæ. Nor is there any discoverable enlargement of the liver or spleen.

On inspection of the chest, it is noticed that there is very little movement of the chest wall in inspiration; the upper half of the sternum, with the corresponding costal cartilages, appear unusually prominent, and the adjacent portions of the chest wall, between the sternum and the glandular tumours, appear depressed. On percussion, an area of dulness, with diminished elasticity, can be distinctly traced, occupying the upper half of the sternum, and extending in an irregular form to the right and left of that bone, and merging inferiorly into the area of cardiac dulness. Beyond the limits of this irregular patch of dulness, the resonance is good and equal on both sides. Resonance is also good and equal on both sides behind. Loud, sonorous bronchitic râles are heard all over the chest, with prolonged wheezing expiration, and a strong purring rhonchus conveys a characteristic vibration to the chest wall on the left side behind. On the same side, in front, the breath-sounds seem weaker than on the right, and over the upper half of the sternum they have a somewhat distant blowing character. The heart-sounds are weak, but normal. The voice is hoarse and whispering, and at intervals disappears entirely.

On laryngoscopic examination, the vocal cords are found to be intact and to move freely; the laryngeal mucous membrane is, however, somewhat relaxed and injected.

Besides the pain in the chest, she complains especially of a painful sense of constriction and suffocation, which she refers to the lower part of the neck, and of pain and difficulty in swallowing solid food. The pulse keeps frequent, ranging between 120 and 180.

I call your attention to the temperature in this case, because it indicates the coexistence of a more or less constant subpyrexial state with occasional slight exacerbations, resembling somewhat, but not entirely, the temperatures recorded by other observers in similar cases:—

	Morning.	Evening.		Morning.	Evening.
April 6	98·°	99·2°	Apr. 21	98·8°	100·2°
„ 7	99·2	99	„ 22	98·4	100
„ 8	99·4	101·2	„ 23	99	99·6
„ 9	100·4	101·4	„ 24	99	99
„ 10	100·4	101·6	„ 25	99	99·8
„ 11	99·8	101	„ 26	99·2	99·2
„ 12	101	101·6	„ 27	99	100·8
„ 13	100	102·4	„ 28	100·4	100·4
„ 14	99·2	100·8	„ 29	99·8	100
„ 15	98·8	101·2	„ 30	100·4	101
„ 16	100·4	101·6	May 1	100·4	101
„ 17	100	101·2	„ 2	101·6	101·8
„ 18	99·4	100	„ 3	101·6	101
„ 19	100	100·6	„ 4	99·8	102·8
„ 20	100·4	101	„ 5	101·6	102·6

Let me ask you also to look at the specimen of this patient's blood which I have here under the microscope. You will find it very unlike a specimen of healthy blood. There is an enormous increase of the white corpuscles. You can count at least 150 small white cells in the field of the microscope. Notice also that they are small—most of them not larger, some of them not so large, as the red corpuscles. In this respect they resemble the elements found in the lymphatic glands, rather than the normal white blood-corpuscles. The presence of these small white corpuscles in the blood, associated with enlargement of the lymphatic glands, has led Virchow to distinguish this condition of the blood as lymphatic lukæmia, in contradistinction to splenic lukæmia—i.e., lukæmia associated with splenic enlargement,—in which the white corpuscles in the blood are large and normal.

In this case, I have already told you, there is no discoverable enlargement of the spleen.

An interesting question in connexion with this case is, what is the nature and origin of these multiple lymphatic tumours? We cannot quite class it amongst cases of that apparently general disease of the whole lymphatic system which has been termed lymphadenoma. It differs in many respects from these—viz., in the absence of any enlargement of the liver and spleen, in the presence of lukæmia, and in the limitation of the glandular tumours to the upper half of the body. It has more the character of a local, infective, chronic inflammatory enlargement of the lymphatic glands, which may have originated in the bronchial and mediastinal glands and subsequently extended to those in immediate relation with the thoracic lymphatics. And the history of the case lends weight to this view. She has a decidedly strumous aspect; she had a phthisical father; she tells us she has "always been weak in the chest," that she has had several attacks of inflammation of the lungs." Moreover, she had scarlet fever fifteen or sixteen months ago, a disease which is well known to leave a tendency to chronic glandular enlargements. She did not notice these growths in the axillæ until last September. She first observed the swelling in the right axilla; soon after she noticed swellings in both sides of the neck and in the left axilla, and, she asserts, they rapidly reached their present dimensions.

It would seem probable, therefore, that there was first an affection of the lymphatic glands within the thorax, a sequel possibly of the attack of scarlet fever, and then an extension of the disease to the lymphatic glands in immediate relation with those of the chest.

What relation, if any, there is between such cases and typical cases of lymphædenoma we are, at present, unable to determine. But what I am chiefly concerned about now is to invite your attention to that of which we are perfectly certain—viz., that she is suffering from pressure on parts within the thorax from the existence within that cavity of masses of enlarged lymphatic glands, similar to those we can see and feel in both axillæ, in the supra-clavicular fossæ, and in some of the intercostal spaces. Percussion shows us that these growths occupy, to a certain extent, the anterior mediastinum; they probably also involve the bronchial glands in the neighbourhood of the bifurcation of the trachea and the large bronchi. What, then, are the signs in this case of the existence of intra-thoracic pressure? They are these:—

1. Constant dyspnœa, aggravated on the least exertion, and attended with paroxysmal exacerbations, taking also the form of orthopnœa or inability to assume the recumbent position.

2. Distressing suffocative sensations referred to the root of the neck.

3. Occasional aphonia, and almost constant feebleness and hoarseness of voice, without any laryngeal mischief.

4. Rapid and irregular action of the heart.

5. Dysphagia, varying in degree from time to time.

6. Cough and expectoration.

Some of these symptoms are certainly associated with and aggravated by the bronchial catarrh from which she is suffering; but, apart from the fact that the bronchial catarrh is itself probably maintained by the pressure of the enlarged bronchial glands on the broncho-pulmonary veins, bronchial catarrh alone in a young person could not produce the group of symptoms which I have sketched, and which give to the case distinctive clinical features.

What, let us next inquire, are the parts probably suffering compression in this case? Portions of the upper lobes of both lungs are doubtless somewhat compressed, but that need not be attended with any serious symptoms. Most probably the

trachea at its bifurcation, and the bronchi and the nerve-trunks adjacent, are subject to compression, varying in amount from time to time. The disturbances of cardiac action, the vomiting, the paroxysms of suffocation, the choking feeling in the throat, the occasional loss of voice, may all be referred to pressure on the thoracic nerves, the pneumogastric and portions of the sympathetic nerves in the neighbourhood of the large air-tubes, as well as to pressure on the large air-passages themselves. The dysphagia, which has recently become a more prominent symptom, points to the invasion of the posterior mediastinum and compression of the œsophagus, either directly or by the trachea being compressed against it. There are no signs of pressure on any of the vascular trunks, no œdema, no venous engorgement.

Another important question is the following: Is treatment of any avail in a case of this kind? If with a view to cure, no; if with a view to palliate suffering, yes. When this patient first came under observation she was ordered cod-liver oil and hypophosphite of lime, and, for the nocturnal attacks of dyspnœa, stramonium with iodide of potassium and chloric ether; and for a time she certainly improved under this treatment. Since she has been in the hospital we have been able to relieve the intercurrent and recurrent attacks of bronchitis by appropriate treatment; especially the inhalation of vapour of turpentine has proved beneficial in diminishing cough and expectoration. And I would call your attention to the great relief which may be afforded in these cases, in connexion with the paroxysmal attacks, by small doses of morphia combined with ether and ammonia—a fact which points to their close relation with nerve irritation.

The prognosis in a case of this kind must always be unfavourable. So far as our present experience extends, these cases of wide-spread multiple lymphatic growths do not disappear under any kind of treatment, and when they encroach, as in this case, on the thoracic cavity, we must always bear in mind that any slight increase in the growth of tumours in the neighbourhood of such important structures as are contained within the chest may suddenly threaten life; for increase of pressure on such nerve-trunks as the vagi or the sympathetic may lead to fatally exhaustive or suffocating attacks of paroxysmal dyspnœa, or to such disturbances of cardiac innervation as may end in fatal syncope.

ON RINGWORM OF THE HEAD, AND ITS MANAGEMENT.

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THE CLINICAL DESCRIPTION OF RINGWORM.

IN this section I take up in detail the clinical description of the three conditions which, from a therapeutic point of view, constitute ringworm—namely, (*a*) the constitutional state or soil; (*b*) the parasite; and (*c*) the effects produced by the invasion of the tissues by the fungus.

I. THE SOIL, OR HEALTH STATE, OR CONSTITUTIONAL CONDITION.—It has been said by those who have had very extensive experience of the disease that the total or sole cause of ringworm is some internal derangement of the nutritive or some other function. The late Mr. Hunt affirmed this in these very terms, and declared that the presence of the fungus was entirely a secondary matter, strictly a superadded and accidental phenomenon. Mr. Erasmus Wilson does not regard the disease as a parasitic one, but as a depraved state of nutrition of the affected part, and the so-called fungus or parasite as a degeneration of the epithelial tissues, the consequence of imperfect nutrition. In this point of view the state of the general health is alone of importance, and the disease is to be cured mainly by good living in its widest sense, fresh air, and suitable tonics. Accordingly, Mr. Hunt relied mainly upon a liberal allowance of meat, puddings, bread and cheese, milk, change of air, and steel and arsenic, for boys and girls suffering from ringworm, regarding them as "underfed." I need not enter into any argumentative examination of this point, but content myself by observing that whilst I fully admit that a most important part is played by the general health condition in ringworm, an equally active part must be assigned to the fungus. The arguments in favour of the assertion that the growth of the parasite is the essential cause of the inflammatory symptoms and the disorganised state of the hairs in ringworm are unanswerable. I will mention but one or two. No such textural alteration as is present in the hairs in ringworm is ever produced except by the attack of the fungus upon them; with the destruction of the fungus the disease at once ceases; parasiticides, if they reach the fungus, speedily cure the disease; and, lastly, the fungus can be shown to be a vegetable structure by artificial cultivation, which is impossible in the case of degenerate animal structure; and by chemical manipulation.

Whilst it is impossible at present to define with any approach to scientific exactness the nutrition-state which is favourable to the growth of the vegetable parasite, there is little difficulty in stating in what kind of individuals it is to be found—viz., in children of a strumous and lymphatic diathesis, and especially such as are the subjects of active malassimilation, who have been underfed or have not been under proper hygienic influences of a general character. As regards age, it does certainly appear that about the time of puberty some change takes place in the nutrition of the textures which lessens or destroys their suitability as the seat for fungus growth; and it is a noteworthy fact that in boys and girls nearing this time of life ringworm is more manageable, and where ringworm has existed as a chronic disease for several years, it tends to lose its virulency and to spontaneously get well as this age is approached. The most obstinate cases I have seen have been in excitable or sensitive children of well-to-do and even aristocratic people, of decidedly strumous diathesis, the children presenting decided evidences of struma themselves, such as bone or ear mischief, and some of their brothers and sisters as well, and being themselves pale, delicate, with oftentimes a peculiar leaden hue about the eyes, and in conjunction with a weak circulation, capricious appetite, torpid liver, white stools, and the like. In the subjects of spinal disease ringworm is severe. It is a fact worthy of notice here that if ringworm is very severe and obstinate in one, it will exhibit a like disposition in other members of the same family, showing that it is in a general rather than any mere local condition that the circumstances favouring the growth of the parasite are to be discovered.

In children not actually strumous, but in the thin, pallid, delicate, and vivacious little ones of true phthisical tendency or weakly parentage, the same obtains. It is not only that such children are weak, but they in some special manner, like the really strumous, furnish some nutritive condition which renders them prone to severe and obstinate ringworm. In all such cases as the above-mentioned the indications as to general treatment are clear enough. Children must be placed under the influence of the best possible hygienic and tonic measures; but it is important to attend to *special* conditions in this respect—for example, overwork, late hours, too much confinement in the schoolroom, and the like.

But there is a more particular condition in a large number of children attacked by ringworm, be they strumous or not, to which I have on many occasions called attention, and that is the avoidance of fat of all kinds in the diet. Mothers and nurses, in answer to inquiries on this point, almost invariably reply at once that this or that child "never takes fat," "dislikes all fat," and so on. I am sure that the avoidance of fatty matter in their ordinary diet, or its non-assimilation in the form of milk, fat of meat of all kinds, and the like, has a potent influence in leading to the development of a condition of nutrition which is favourable to the occurrence of obstinate ringworm.

In the treatment of ringworm, whilst I lay much stress on the prescription of suitable medicinal remedies in particular cases, I insist very strongly upon the use of cod-liver oil, with as much other fatty matter in the diet as the child can take. In many cases this alteration of diet is at once followed by an improvement in the character of the disease.

There are apparently certain exceptions to the rule above stated, but in these cases it will often be discovered that although fat in moderation may be taken, it is not assimilated; and this leads me to remark that when fatty matter is prescribed by the physician, even where it can be borne, which is often not the case, it may fail to do good for the same reason. Special attention must then be paid to the intimate digestive operations within. There are few medical practitioners who could not recall at once to memory the cases of certain children who have given them infinite trouble, and who, perhaps not markedly phthisical or strumous in diathesis, were weak, pallid, undergrown, semi-feverish, and described by their parents as "unsatisfactory doers," not "doing justice to their food," &c., who have eaten fairly and even well, but without the expected results, and who are readily upset by little errors or excesses of diet, who, without perhaps any want of care or error of diet, lose ground gradually for a time, until some accidental or happy change to the country or seaside picks them up again for a while. On inquiry, it was found that the breath was foul, the tongue dirty, the child flushed and uncomfortable after eating, and restless at night; that the urine was scanty and loaded, the bowels uncertain, and the stools white, as a rule, or clay-coloured and messy. In such cases assimilation is imperfect, and it is useless to expect good from tonics and cod-liver oil until the digestive functions have been set in order. What is needed is the prescription of active cholagogues, with full doses of mineral acids, taraxacum, chlorate of potash, and nux vomica; some or more of these in combination for a while. It is to be regretted that so little attention is paid to this point.

II. THE PARASITIC FUNGUS.—I shall only deal with the fungus here with the view of pointing out how it may ordinarily and most readily be recognised, and for what it is liable to be mistaken in microscopical examination.

The fungus, the *trichophyton tonsurans*, is made up of *conidia*, or reproductive bodies, and *mycelium*. Attention need only be directed to the former for purposes of diagnosis and prognosis. An estimate of the progress of the disease is made, so far as microscopical examination is concerned, by ascertaining the presence and amount and distribution of the conidia.

The conidia are readily recognised in properly prepared specimens as bright, round, nucleated, clearly-defined cellular bodies of nearly uniform size (about $\frac{1}{7500}$ to $\frac{1}{5000}$ of an inch in diameter), collected together in chains or groups, a few being separate and scattered in and around the hair and epithelial structures. To see these conidia well, a small portion of diseased hair should be taken, and, if possible, gently broken up in its dry state. It should then be well soaked in weak liquor potassæ, and not be manipulated much. The presence of conidia, although existing in abundance, may readily be overlooked if the part under examination be not sufficiently thin, and the fibrous portion of the hair be so softened and separated out that light can readily penetrate it, or if from much manipulation one layer be carelessly rolled freely over another.

These conidia may, by a careless observer, be easily mistaken for fat-globules, or rather the latter may be mistaken for the former, especially in chronic cases, where the hair textures themselves are undergoing fatty degeneration, and the fatty particles sometimes lie in apparent lines between the fibres of the hair, and so look like mycelial threads. To a practised eye the uniformity of the size of conidia, their nuclear contents, double contoured outline, highly refractive character, their tendency to bud, and their non-alteration by ether, are distinctive features. In cases where the amount of fungus is small, as when the disease is getting rapidly well, extra care must be paid to the directions just given for the detection of the fungus.

In the case of ringworm of the body, mycelium is present in greater amount than the conidia, and it is important that very thin layers of tissue should be taken for examination, and that these should be well soaked in weak potash solution, and carefully flattened out without any rougher manipulation. The mycelium is readily recognised by the double contour of the elongated cells, the jointings, the nucleated contents, and the freedom of change under the influence of reagents.

III. THE EFFECTS OF THE GROWTH OF THE FUNGUS; or, *the naked-eye characters of ringworm of the head.*—The accounts generally given of ringworm in books are calculated to convey to the reader the impression that the disease presents a uniform appearance, but such is far from being the case in reality. I will therefore first describe the typical form of the disease, and then deal with its modified aspects.

Typical ringworm, or the commonest form, consists of one or more roundish areas of disease on the scalp, particularly about the top of the head; the surface of which is sometimes slightly reddened, but at all events duller in hue than the healthy part of the scalp, slightly elevated, and the seat of desquamation, composed of dry, fine, whitish scales. These scales in many cases fringe the orifices of the follicles converging around the hair-shaft in a peculiar manner, and give a peculiar shining aspect to the patch. The hairs over the affected spot or spots appear as if "nibbled" off close to the scalp, the short portions that remain looking dry and bent, or twisted. On closer inspection with a lens, they are observed to be lustreless, more or less swollen or bulged here and there, and, on pulling at them, they are found to be quite brittle. They may be surrounded with a white pulverulent matter, which is a compound of epithelial débris and fungus. In dark-haired subjects the hairs may be duller and darker at first, but they subsequently oftentimes become much lighter; in fair-haired children the hairs assume a faintly greyish or whitish aspect, and look very dry. If an attempt is made to extract diseased hairs they break away, and the point of snapping looks ragged and perhaps swollen; very rarely the whole hair with its inner root-sheath may come away, and less rarely the hair with a destroyed or atrophied or "pegged" root, without any root-sheath attached. Under the microscope the fibrous part of the hair is seen to be split up and disorganised by the invading fungus until sometimes very little of the original structure remains. The characteristic naked condition is the presence of a scaly circular patch with the apparently nibbled-off hairs, the remnants of which are bent and twisted just above the point of their emergence from the follicle. The patches are well defined, and are attended with more or less itching.

A consultant sees, as I have said, many deviations—I do not mean varieties—from the above standard or typical form of ringworm, and to these I will now briefly refer. It may be that at the outset of these deviated phases the typical characters were assumed, but subsequently and clinically—that is to say, in cases that come for the first time under the observation of the physician—the characters are non-typical and such as I shall depict; and they offer sufficient variation to deserve, for purposes of diagnosis and even of treatment, separate notice. These variations belong respectively to recent and chronic cases.

Variation 1.—If the disease be seen at its very earliest stage, no short broken-off hairs may be present, or perhaps only two or three, the presence of which may be easily overlooked; the patch only looks a little scaly, and it is taken to be a case of dry eczema or dandriff (seborrhœa); sufficient time has not elapsed for the fungus to have worked its usual results on the hair. In light-haired children the m chief consists of small circular scurfy places covered by a few fine lamellar scales, or almost thin crusts of yellowish hue, varying in size from a pin's head to a threepenny-piece. Sometimes there is a small circumferential zone of redness about the spots, and then the characters of ordinary ringworm of the surface are approached or actually assumed. The redness is due to the irritation set up by the growing fungus, and the disease may be considered herpetiform in character. In fact, there are transition stages between the smallest point and typical tinea circinata (or body ringworm). These spots speedily develop into the typical form of disease, and the microscope detects the fungus in the scrapings from their surface. Now this state of things is to be observed in the scalp of children who have typical ringworm already, and then indicates that fresh developments of the disease have occurred through fresh sowings of the fungus here and there, and usually there are many places. Hence it implies neglect of due precaution in this respect. It is also to be met with in previously non-affected children as the first sign of disease. It should be most carefully watched for and recognised as early as possible in children in both cases, and especially in schools where the disease is epidemic, for the sufficient reason that if recognised early, as the mischief is superficial, it can be readily checked by appropiate remedies. But this form of ringworm is constantly overlooked, because it is not typical in

its characters, and I lay so much stress upon its diagnosis for this very reason. Cases of the kind are constantly brought under the notice of medical practitioners, who pooh-pooh the idea of their being ringworm; and I subsequently see the cases, and am told that the doctor said there was "only a little scurfiness," but only to find that certain of the places have since developed into the typical disease. It ought to be a rule to regard all instances of small areas of "localised scurfiness," especially in members of a family in which ringworm prevails, or has prevailed, as probably the same disease in an early or ill-developed stage, and the most attentive examination should be made for fungus elements or traces of diseased hairs. The disease liable to present the aspect of ringworm is seborrhœa, but there is one feature of this disease which is differential in its significance, and that is the more general implication of the scalp as a whole, whereas in ringworm it is simply a point or a small patch here and there that is affected, the immediately adjoining part of the scalp and the scalp as a whole being perfectly healthy, white, shining, and free from scales or dandriff.

But this aspect of mere scurfiness which is assumed by ringworm at its outset, and, as it may so happen, observed by the consultant, may characterise the disease throughout. I shall speak of this chronic state in dealing with the next variation.

Occasionally the practitioner meets with instances apparently of the same scaliness as the above-noted, only, but in which there is really a certain amount of textural alteration in the hairs. The usual morbid condition which characterises them in the fully developed disease is not a *fait accompli*, but, so to speak, only impending. The hairs over the affected part do not, to an experienced eye, look quite healthy, nor yet diseased, as in ordinary ringworm. Some of them do not stand up from the surface boldly, and on making traction upon a bunch of them with a pair of forceps, they break off more readily than usual, or come away bodily. In this case the lapse of a certain number of days would have sufficed to develop the typical disease. I lay some little stress upon this stage of ringworm, because I have met with one or two cases in elderly children, adolescent rather, in whom such a condition existed not as an acute, but as a chronic condition. Recently I saw a young lady from India who was brought to me by her mother, who complained that the young lady, about fifteen, had been long troubled with an obstinate patch of scaliness on the top of the head. With a lens I saw what seemed to me to be a patch of seborrhœa, but some of the hairs looked thick and dry, and some came away too readily, and a few broke away. On microscopic examination, the characteristic appearances of a hair invaded by the fungus were discovered without there being the least particle of doubt as to the nature of the disease. The patient had originally been attacked by ringworm of the head and body two or three years before.

Variation 2 belongs to the chronic or later stage of ringworm. In this the disease is not made up of well-defined and round, but one or more straggling or irregularly-shaped patches, or a large extent of surface, involving, indeed, more or less the entire scalp. In such a case, especially after having undergone a good deal of treatment, the diseased surface looks as though it were the seat of chronic eczema in a healing stage, or a seborrhœa with some general thinning out of the hair. There exists more or less redness and scaliness, and in some parts actual scabbing. It is not until the scalp is very carefully looked at with a lens, or portions of the crust are examined with the microscope, that short broken-off or diseased bits of hairs are observed. These, perhaps, are not numerous, and are often concealed by the small scabs and scales, more especially if much soap has been used to the scalp and not thoroughly removed afterwards. Here and there a little pustule may be noticed. It is of consequence to recollect the existence of the two degrees of extensiveness of this phase of ringworm—viz., the localised and the more or less general form. In the latter (general) the history of the case is distinctly or indistinctly that of ringworm, and the condition submitted to the consultant for his advice, as in the former case, is a change from the typical, but there is not, nor has there been, "discharge" like that of eczema at any time, and the only resemblance in regard to eczema is to its desquamative stage, but the microscopic examination discloses the characteristic minute appearance of tinea. In the more localised form of the disease it looks like eczema or seborrhœa, but care detects the morbidly-altered hairs. Errors in diagnosis arise from want of care in the examination of these cases, from lack of good eyesight and the use of the lens, and from a disregard of the fact that ringworm is often untypical in naked-eye aspects. As I stated in speaking of Variation 1, such a state of things as an apparent local scurfiness—which is, however, ringworm—may last for a long time as a chronic condition, and I have known the affected child even become and remain for some time the real but unsuspected source, in a school, of the dissemination of the disease to a number of other children, from the belief that it was only suffering from "a little scurfiness."

An analogous state, but not so pronounced in its characters, is present in those who are believed to be convalescent, so to speak, or to have been cured from ringworm. A recent writer says: "The real difficulty of diagnosis presents itself in chronic cases which may have been under treatment, which may have been apparently cured, and yet which are liable to relapse to an extreme degree, in a short time. ..... There may be apparently a good head of hair and no evident mischief whilst a parasiticide is being rubbed in, but in any intermission of treatment a papule may first be noticed, and it and the original malady becomes evident." I think, in most of these cases, careless examination is the source of error; for characteristic diseased hairs are to be detected in connexion with a certain amount of scurfiness in these cases. But as the hair is apparently growing well, and not thinned, it is difficult to detect the disease at times. The experienced eye, however, recognises a want of softness and a degree of dryness about many of the hairs which, on close examination, are found to be, if not bent and twisted and broken off, at least thicker and higher in colour than usual, and certainly more brittle, whilst they are easily extracted from the follicle, and their roots are swollen and sheathless. Oftentimes, if the hair is combed very slowly and gently in the wrong direction, so as to expose the scalp bit by bit, such diseased hairs, frequently shortened considerably, fail to fall down into their natural place with the healthy hair, but stick out irregularly, solitarily, in groups together, from the surface, so as to be easily seen. There may be no scurfiness or other indication of disease present in such cases. It is in such cases, too, that diseased hairs lie alongside healthy hairs, and so the more readily escape detection. I shall not fail, in speaking of treatment, to point out the conditions under which alone a head can be regarded as free from disease.

Variation 3 is also a chronic form of ringworm, or rather it is the residue of old-standing disease supposed to have got well, and to have left behind a little pustular eczema. It is made up of little pustules, solitary or in groups of two or three, with a certain amount of redness and scaliness or eczema around, but without at first sight any diseased hairs. If, however, the pustular spots be examined, and the little crusts left by the drying of the pustules be removed with the forceps, one or two short bits or stumps of hair will be found to have come away with the crusts, or be left in the follicle. I suppose this phase might be called "parasitic sycosis of the scalp." The pustules are evidently attempts to suppurate out bad hairs left behind in the follicles. In the neighbourhood of these pustules a few short broken-off diseased hairs may often be found, and at times emerging from the same follicle as a healthy hair. These gradually, if left undisturbed, may irritate the follicles, and cause fresh pustules. These little nests of disease may constitute so many centres of fresh mischief. This variation is met with chiefly in light-haired and delicate children.

Variation 4 consists of little nests of black points occupying the hair follicles, and covering circular areas of varying extent, without any other change, the hair itself having disappeared. These black points are points of the broken-off shafts of diseased hairs. They grow slowly, and if the hair-shaft projects sufficiently for it to be seized and extracted, it is found to be loaded with fungus elements. This condition occurs in a very chronic stage of disease, especially in dark-haired children, whose hair is coarse and thick. In reality there is little connexion between the papilla and the hair-shaft, which lies, as it were, as so much dead tissue in the follicle, upon the disintegrating tissue of which, however, the fungus luxuriates.

Variation 5 is what is known as Kerion. In this the

disease patch or patches, always circular, are swollen, and so much raised and changed as to resemble a threatening boggy abscess. The patch is more or less red, tender, feels semi-fluctuant and soft, and in the earlier stage is studded over with little openings, which are the mouths of the hair-follicles, and from each of which a muciform discharge, like the juice of the mistletoe-berry, exudes. Some of the hairs are lost, but many emerge from these orifices, and can be readily pulled away, and, in fact, they are lying loose in the follicle; others lie loose about the patch. After the early stage the hair falls of its own accord, and a swollen, red, inflamed, exuding patch is left. If the hairs are examined they will be found to be surrounded and loaded with fungus. The disease is modified by the inflammation of each follicle, and the inflammation detaches the hair from its root-sheath, so that it lies loose in the follicle. This phase of ringworm may be idiopathic—that is, it may arise spontaneously,—when the first thing that attracts serious attention is the falling out of the hair, and the formation *apparently* of an abscess; or it may be a secondary matter—i. e., the result of the application of irritants to ringworm patches; but there is some peculiar susceptibility of the follicle to inflame in the children who are attacked by it, for the freest intentional use of irritants generally fails to produce it.

The circular bald patches of *alopecia areata* I do not notice, because they have no connexion with tinea tonsurans, and, indeed, are *not parasitic*.

(To be continued.)

HYSTERICAL ANÆSTHESIA.

By SYDNEY COUPLAND, M.D.,
ASSISTANT-PHYSICIAN TO THE MIDDLESEX HOSPITAL.

HAVING enjoyed opportunities of seeing from time to time the case of hysteria in a boy communicated to the last meeting of the Clinical Society by Dr. Henry Thompson, and having also heard at that meeting from the lips of one of the most eloquent members of our profession a solemn warning against the acceptance of the phenomena exhibited by hysterical subjects as facts, I should like to enter a feeble protest against such a mode of viewing the subject. I venture to do so in the hope that it may call forth opinions from others far more qualified than myself to deal with the matter.

It is impossible to define hysteria. We know as yet so little concerning its causation, save only that its causes are probably as varied and as numerous as its phenomena, that any dogmatic statement concerning its nature cannot but be received with the greatest possible caution. Whilst at one time it may exhibit itself chiefly in phenomena of exalted nerve-function culminating in epileptoid paroxysms of the most formidable type, at another, and even more frequently, the very antithesis of this is exhibited, and an abeyance—transitory it may be, yet lasting over long periods of time—of normal nervous function is the predominating feature. Mingled with these objective phenomena are numberless subjective conditions, ever varying and widely differing, and tangled in an intricate web with emotional and moral states, which may or may not underlie the whole. Clearly so protean a malady can have no simple etiological foundation, and it is but a confession of ignorance on our part to refer it invariably to a single source. All that can be said is that in hysterical subjects there is a condition of cerebral instability rendering them prone to functional nervous derangements which simulate closely those produced by permanent organic lesions. Beyond that, vague as it is, we are not warranted in going.

In spite, however, of the mystery that hangs over the causation of hysteria and of its precise pathology, there are certain facts of observation connected with it about which there can be no matter of dispute. Observed and recorded in numberless instances, these facts surely are real enough, and probably have a real pathological change at their root; and to dismiss the disease as unworthy of serious consideration, or to question the reality of its manifestations, is surely to abrogate that spirit of scientific inquiry which should enter into all investigations into morbid conditions.

Of these manifestations I propose to limit my remarks to one, and that one of the most constant in this inconstant and shifting malady; I mean, the symptom of anæsthesia. It formed the predominant feature in Dr. Thompson's case, and, if sought for, as it must be—for the patient is usually as much surprised at its discovery as the physician,—it will be found in a large number of hysterical subjects. As a rule, it is limited strictly to one-half of the body, and the left half in about three times as many instances as the right (Briquet). Involving the mucous as well as the cutaneous surfaces, it occurs also in deeper parts, so that punctures may be made through muscle down to bone without the patient being conscious of them. Although, as a rule, strictly limited to one-half of the body, it has been found occasionally not to be perfectly uniform in its distribution, limited areas of normal sensibility occurring in the midst of the general anæsthesia. Thus Debrosse (*Arch. Gén. de Méd.*, Oct. 1877) says that in one case of left hemi-anæsthesia a small area on the knee remained sensitive; and in another case the tonsil was the only part of the anæsthetic half of the body where sensation was retained. The same writer states also that it has been noticed that when a fold of the anæsthetic skin is transfixed a painful impression is felt when the instrument pierces the skin from within outwards; an observation which, however, requires further confirmation. In the remarkable case recorded by Dr. Thompson the anæsthesia, so long as it lasted, was present over the whole body, so that hairs could be plucked from the patient's head without his wincing in the least, and punctures and pinches could be made over various regions without the slightest response. This anæsthesia passes away spontaneously, uninfluenced by any treatment especially directed to remove it, although such treatment may have a temporary effect. But so long as the hysterical condition persists, so long does the anæsthesia last.

Surely we have here to deal with facts, and facts of a most striking kind, throwing a flood of light upon many an instance of miraculous self-martyrdom in the middle ages. There remains, however, the difficult question as to how far the will operates in producing this state. Dr. Russell Reynolds, after a careful investigation into the cases under M. Charcot's care at La Salpétrière, concludes that the "condition is one of morbid mental (higher cerebral) change; that the phenomena are maintained by mental and moral impressions and suggestions from the outside" (THE LANCET, vol. i. 1877, p. 788); and beyond that it does not seem possible to go. This view is confirmed by the apparent existence of the anæsthesia only during the waking state, and, indeed, perhaps (as Dr. Reynolds suggests) only during the actual time of observation. On the other hand, Dr. Wilks (Guy's Hospital Reports, 1877, p. 30) shows that in these hysterical conditions there is a temporary abeyance of the higher cerebral functions, and contrasts the condition with that of sleep. Few, however, will be found to assert that these and other phenomena are voluntary attempts at deception. To regard hysterical patients as wilful deceivers of "their good friends the doctors" is surely to take up very low ground indeed, and is a notion which, if pursued, might lead to much wrong-doing, both to oneself and to the patient. It would be thought that in this respect we had learnt something in thirty years, and although it cannot be denied that all subjective conditions may be, and no doubt are, exaggerated in many hysterical patients for the purpose of gaining sympathy, yet to look upon their symptoms as little better than voluntary impostures is as irrational as it is unscientific. We have the testimony of Dr. Reynolds that he did not believe that any of the patients he saw with M. Charcot "either invented, simulated, or exaggerated a single symptom." If this can be true of the inmates of La Salpétrière, where patients suffering from hysteria in its most aggravated forms are spending their lives together, it was quite as true of the effeminate but remarkably intelligent lad whose case gave rise to the discussion at the Clinical Society the other night.

The condition of ischæmia that occurs *pari passu* with the anæsthesia, and was so well illustrated in that patient, whose state in this, as in all other respects, only confirmed the observations so fully detailed by Charcot and those who have seen his practice, is even more widely removed from voluntary causation, although it may conceivably depend upon mental states in which the will itself plays no part. The opposite condition—that of hyperæmia, even to hæmor-

rhage—has been noted in cases of hysteria, and, although favoured, and even induced, by emotional states (just as pallor by the emotion of fear, or blushing by that of shame), they could never be said to be produced *wilfully*. I may be wrong, but I confess that to me there seems a wide difference between an act of wilful deceit and the influence of imagination or emotion. I, for one, do not believe that those modern martyrs—as Louise Lateau, for instance—who reproduce in their own persons every seven days the phenomena of the Passion, do so voluntarily and with intent to deceive. It is true that Virchow gave it as his opinion that Lateau was either an impostor or a miracle-worker; but is there not a third view to take of her—viz., that she is simply a hysterical girl whose fancies and imaginations, wrought on by strong religious feeling, intensify at certain intervals, conditions common alike to her and to other hysterical subjects? (*See* Bourneville, "Louise Lateau.")

As to the influence produced by the application of metals to the anæsthetic and ischæmic regions, it is unnecessary for me here to enter into details. The facts stated in the elaborate report to the Société de Biologie (*Gaz. Méd.*, 28 Avril, 1877) of the commission appointed to inquire into the question, consisting of MM. Charcot, Luys, and Dumontpallier, have now received ample confirmation in this country. Whatever the interpretation of these facts, they cannot be dismissed as chimerical because those experimented on are the subjects of hysteria; for the surprising result was obtained by that commission of the application of the metals being effectual in restoring sensibility to cases of anæsthesia depending on organic lesion. In such cases the application was actually curative; but in hysterical anæsthesia, the effect, striking as it is, is only temporary, and apparently has no influence on the cause of the disease. It was precisely thirty years ago that Dr. Burq published his first experiments in this direction. They appeared in Dr. Elliotson's journal (the *Zoist*), and thus had the taint of mesmerism upon them. The same rock upon which the reputation of that great physician was wrecked proved fatal also to Dr. Burq's discoveries. Nor can it be denied that they were justly decried; for as with mesmerism, so here the new-found agent was vaunted to cure diseases to a far greater extent than was warranted by facts. Reproduced now in another (which, if not a wiser, is at least a more sceptical) generation, and submitted to exhaustive and minute scrutiny by men of high scientific reputation, there need be no fear that the precise and legitimate bounds of inquiry will be overstepped.

Nottingham-place, W.

NOTES OF

CASES OF RHEUMATIC FEVER TREATED BY SALICYLIC ACID.

BY ALFRED KEBBELL, M.R.C.S. ENG.,
LATE HOUSE-SURGEON, YORK COUNTY HOSPITAL.

CASE 1.—J. C——, aged twenty-one. This was the third attack. On Jan. 9th, 1877, patient ran a mile to catch a train, and perspired freely. The day was very cold. She was a tall, stout girl, but of a sallow, unhealthy appearance. On the day following I saw her. She complained of not feeling well, of headache, pain in several joints, and of shortness of breathing. She kept about all day, but in the evening was compelled to go to bed. The temperature was then 105°. There was pain, swelling, and redness in both wrists and ankles; face flushed; some dulness at base of lungs posteriorly. Ordered milk and beef-tea diet, and twenty grains of salicylic acid was given every three hours.

Jan. 11th.—After taking about eight doses of the acid, the temperature is down to 101°; pain much less in the joints affected, but there is delirium, with much depression; urine dark-coloured; pain about region of the heart; pericardial friction-sound to be heard. Salicylic acid discontinued, and the usual remedies resorted to.

The patient continued to get worse, and died at the end of six days from pericarditis, accompanied by cerebral symptoms.

CASE 2.—A. B——, aged thirty, cook. Has had rheumatic fever once before. I saw her on Jan. 14th, 1877. About a week before she began to have pain in several joints, accompanied by swelling. She now has effusion into both knee-joints, the right being the worst; also in both ankles and wrists. Has passed a very restless night; sweating freely; tongue furred. The records of the temperature were unfortunately not kept for the first few days of the illness. I prescribed fifteen grains of salicylic acid to be taken every three hours. The joints to be wrapped in cotton-wool.

Jan. 15th.—Very much better; passed a good night; says she began to feel better after she had taken about three or four doses of the medicine; effusion into knees nearly gone; can move round in bed—an impossibility yesterday. Although I do not remember the exact degree of temperature, I know that it was lowered about three degrees.

16th.—Still improving; mixture to be taken every six hours.

18th.—Has continued the mixture till to-day; seems almost well as far as the rheumatism is concerned; to take fifteen minims of tincture of perchloride of iron three times a day.

20th.—Going on well.

24th.—Return of the rheumatism; temperature 99·4°. To return to the acid mixture.

25th.—Temperature 98·4°; all the pain gone again; good night; sweated freely; complains of a peculiar feeling about the head and throat; vomited once this morning.

29th.—Slight return of pain in right shoulder and hip. Ten grains of the acid every three hours; eight doses given.

Feb. 2nd.—Continues better; to take the mixture twice a day.

5th.—Free from pain; mixture to be taken occasionally.

9th.—Quite well.

CASE 3.—J. S——, aged thirteen, schoolgirl. First seen Feb. 11th, 1877. This is the first attack. Three days since she commenced to have pain in several joints. Temperature 102·6°. Right shoulder and wrist and both knees and ankles affected; great pain, which prevents her sleeping; she was screaming all night with the pain; cannot move herself in bed; no sweating. To take eight grains of salicylic acid every four hours.

Feb. 12th.—Passed a good night. Temperature 101°. Much easier. Can now turn herself in bed. Has turned herself right round in bed to speak to me. Left knee most painful, red and swollen. Continue mixture.

13th.—Temperature 98·4°. Very good night; almost free from pain.

15th.—Temperature 98·4°. Quite well. To get up to-day. Mixture to be taken if there is any return of the pain.

19th.—I called to see her, and found her downstairs nursing the baby.

CASE 4.—W. C——, aged fifty-five, farmer. First seen June 28th, 1877. This is the fourth attack. Commenced a few days since with pain in the ankles. Temperature 101°; pulse 100. Both knees, ankles, and wrists now affected. To take ten grains of salicylic acid every two hours. Cotton-wool to joints. Ten grains of compound ipecacuanha powder at bedtime.

June 29th.—Temperature 101°. Restless night. Knees feel better. The patient is a very heavy man, weighing about seventeen stone. He is quite unable to move himself; lies with his feet over the end of the bed.

30th.—Temperature 99°; pulse 90. Passed a capital night. The patient and friends are much pleased at the sudden improvement. This morning he has been out of bed, and walked round the room. Mixture to be taken every three hours. Urine dark-coloured.

July 1st.—Not quite so good a night, but he had some friends to see him last evening, who stayed too long. Free from pain, except in left hand and wrist. Mixture to be taken every six hours.

3rd.—Going on well. Temperature 98°. Is very anxious to get up to-day. To sit up for a short time. Mixture to be taken three times a day.

4th.—Not quite so good a night. Slight return of pain in right shoulder.

5th.—Temperature 101°; pulse 90. Return of pain in both wrists, left knee, and shoulders. Mixture to be taken every two hours.

6th.—Temperature 98°. Much better; good night. Mixture every three hours.

7th.—Temperature 99°. Going on well.

9th.—Temperature 100°; pulse 70; respiration 16. Passed a good night. Vomited once last evening after taking the medicine, and has not taken any since. Return of pain in left knee, over tendo achillis and left heel, right hand and shoulder. Tongue moist, slightly furred. Complains of sore throat and gums. Feels as though there was a lump at the back of his tongue. Complains of pain at pit of stomach. No symptoms of cardiac mischief. Eyes blood-shot; low-spirited. Bowels moved yesterday; urine natural in colour and quantity. Up to this date I had been giving the acid in mucilage. I now altered it, and gave it with solution of acetate of ammonia and camphor-water.

10th.—Pulse 80; respiration 16; temperature 98°. Much better in all respects. Passed a good night. Now takes the mixture well.

11th.—Temperature 99·2°. Feels low-spirited. Taking nourishment well.

13th.—Temperature 98·4°. Going on well.

16th—Got up to-day. Quite free from pain. Mixture every four hours.

18th.—Up three hours. Mixture every six hours. Quite free from pain.

20th.—Mixture to be taken three times a day.

He continued the acid, in small doses, up to August 10th. He was very anxious not to leave it off too soon, as he had received so much benefit from it.

August 12th.—Free from rheumatism, but is not passing sufficient water—only one pint in twenty-four hours. Complains of pain in loins. Slight trace of albumen.

After this date the patient recovered his usual health, but occasionally having slight rheumatic pains. Although the symptoms of rheumatism have lasted about a month, the patient says that he has never been so free from pain in any previous attack. On the last occasion on which he suffered from rheumatic fever he was ill for about ten weeks, was unable to move himself in bed for a greater part of the time, and had to have relays of friends to move him night and day. On this occasion he was nursed by a daughter of fourteen years and one woman, who sat up with him at night. He was always able to get up to the night-stool.

CASE 5.—J. E——, age forty-five, platelayer. Seen on June 15th, 1877. Has been ill about a fortnight. Has been very wet at his work lately. Temperature 100°. Has effusion into both knee-joints and ankles; has had pain in shoulders. To take fifteen grains of salicylic acid every three hours.

June 17th.—Much easier; can now turn in bed. Effusion into knees much less; that of ankles gone. Complains of deafness. Has a noise like that of a water-mill in his head. Has vomited twice after the medicine; to take it every six hours.

19th.—Temperature 98·4°. Mixture three times a day. From this date the patient relapsed into a state of chronic rheumatism. The salicylic acid was discontinued, as no further benefit seemed to be derived from its use; and the patient is at the present time—four months after the commencement of his illness—unable to work.

In the few cases that I have treated there has been rapid lowering of temperature with diminished pain, but there has been a tendency to depression with head symptoms, which, however, soon passed off on diminishing the quantity and frequency of the dose. I think it is necessary to continue the drug in small doses for some days after the departure of all symptoms of rheumatism, otherwise there is very likely to be a relapse.

Flaxton, Yorks.

LABOUR OBSTRUCTED BY MALPOSITION OF THE WOMB.

BY JAMES FOWLER,

FORMERLY RESIDENT ACCOUCHEUR AT ST. THOMAS'S HOSPITAL.

THOUGH obstetricians have pointed out with sufficient clearness that malpositions of the womb necessitate a want of correspondence between the axes of the womb and pelvis, and that, in labour, the misplaced womb must act at great disadvantage, it is not always realised, in practice, how serious an impediment this may prove. It is too often taken for granted that no considerable difficulty can arise, or that if it do—to use the words of an eminent accoucheur of the last generation—"art can do little good, and patience will never fail." I intend to show that malposition may involve very serious danger; that art can do here an enormous amount of good; and that patience both can and does fail; while, even were it otherwise, that would be an insufficient reason why, when it can be easily avoided, a woman should be left for hours to suffer in agony and danger.

Phœbe S——, a rather short but stout, chubby, fresh and healthy-looking woman, aged eighteen, was married on the 22nd March, 1873, to a builder in a respectable position of life; and was confined Feb. 21st, 1874. She was thirty-eight hours in labour. Her attendant did not leave her bedside for the latter twelve hours of that time, and the last eight hours her pains were extremely severe and with only very short intervals. Being towards the end much exhausted, forceps were applied, but the child, described as a particularly handsome one, was dead. On March 18th, 1875, she was confined again, and was ten hours in hard labour; during the whole of which time her attendant remained at her bedside. Again becoming exhausted, she was told it was impossible for the child to be born alive, and that either its life or hers must be sacrificed. Craniotomy was performed, and she was thus delivered of as fine and healthy-looking a child as she had had before. She made a good recovery, but was now told that as it was impossible for her to have a living child at the full time, should she again become pregnant premature labour must be induced, and that she must present herself for that purpose to her attendant at the seventh or eighth month.

In April, 1876, she was seven months advanced in her third pregnancy, but this time her husband desired her to place herself under my care. On examining, I could not discover any pelvic deformity, tumour, or other organic obstruction, and desired her to see me again in a month. The result on this occasion being the same, I ventured to advise her to go her full time; and accordingly about three o'clock in the morning of the 13th June was sent for to her. I reached her about four o'clock. Her pains at that time were severe and frequent; her manner much excited; her head and face congested and perspiring profusely. The os uteri was about half dilated, and the vertex well down; but the anterior portion of the cervix was lower still, and, as labour advanced, became jammed between the head and symphysis, and by no kind of manipulation could be made to retire. Meanwhile the presenting part of the child was thus driven, not into and through, but against the posterior wall of the pelvis, and could not advance. The fundus of the uterus was felt far forward beyond the natural position, bagging also to the left side, on which she lay; while the body of the child was far in front of the symphysis, and unable to enter the pelvis; the displaced uterus losing also the whole of the propulsive effect of the diaphragm and abdominal muscles, or, rather, being the worse for them, as so admirably and clearly described by Dr. Barnes in his "Obstetric Operations." At half-past five, therefore, I raised the uterus so as to bring its axis and that of the pelvis in a line with one another, applied a broad binder so as to hold the fundus well upwards and backwards, and laid the patient on her back. When I next examined, the obstructing anterior portion of the cervix had been withdrawn high up out of reach; the head quickly descended; there was no delay at the perineum or ostium externum; full dilatation took place at once equably and sufficiently; and at six o'clock (A.M.) the child was born, alive—a remarkably fine one, weighing ten pounds and a quarter.

The binder was not applied, nor was she turned over upon her back, in either of her former labours. When I was at St. Thomas's Hospital, it was a general rule to apply a binder to the abdomen in all cases of labour. I am not prepared to justify the indiscriminate use of any remedy or appliance, however valuable, but am satisfied that the opposite course, on which some practitioners pride themselves, of "leaving all to nature," and applying no binder either before delivery or after, is extremely prejudicial. In a vast number of instances the binder is a great comfort if not an actual assistance, even where there is no displacement; while in cases where there is, it makes, with a proper position of the patient, just all the difference between completing labour *tuto, cito, ac jucunde*, and the reverse.

Wakefield.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. GEORGE'S HOSPITAL.

FACIAL ERYSIPELAS; RECURRENT HIGH TEMPERATURE, REDUCED FROM TIME TO TIME BY SALICYLATE OF AMMONIA; RECOVERY.

(Under the care of Dr. BARCLAY.)

THE following interesting notes, for which we are indebted to Mr. George Walker, house-physician, should be read in conjunction with the remarks on salicin in another column.

M. S——, aged fifteen, domestic servant, was admitted into the Queen's ward on April 29th, suffering from idiopathic erysipelas of the face. Family history good; no previous history of disease; diaphoresis always scanty; catamenia not commenced. The present attack began with rigors on April 28th, with headache and anorexia; the face began to swell the same evening, and the swelling had extended considerably by the next day.

On admission, there was well-marked erysipelatous eruption all over the face, with erythema of the submaxillary region and parts about the ears, very little on the forehead. There was frontal headache; tongue coated; bowels confined; pulse 120, full and strong. Urine pale, slightly acid, with a small amount of albumen and an excess of phosphates; sp. gr. 1007. Temperature 102·6°. Ordered to take daily two pints of strong beef-tea, two pints of milk, two eggs, and four ounces of port wine. To have every four hours twenty drops of tincture of perchloride of iron and ten drops of spirits of chloroform in water; also to have a calomel-and-colocynth pill at night, and a senna draught in the morning. Starch powder to be applied to the face.

April 30th.—The eruption was much less next morning. The temperature had fallen to 101°, but the same evening it rose to 103·6°.

May 1st.—The temperature, which had fallen to 101·4° this morning, rose to 105° in the evening. At 10 P.M. the following mixture was ordered: twenty grains of salicylate of ammonia in water every two hours. The temperature to be taken every four hours. At 12 midnight (after one dose) the temperature fell to 101·5° (a fall of 3·5°).

2nd.—At 4 A.M. the temperature was 101·3°. At 8 A.M. the temperature had risen to 102·7° (the 6 A.M. dose having been omitted by mistake). At 11.30 A.M. the mixture of April 29th was re-ordered; and at 12 noon the temperature was 99°—that is to say, there was a fall of 6° after five doses containing 100 grains of salicylate of ammonia. At 11.30 A.M. she was ordered eight ounces of port wine daily. To discontinue the salicylate of ammonia, and to resume the mixture ordered on April 29th. There was no extension of the eruption, but much frontal headache; no tinnitus. At 4 P.M. the temperature rose to 104·3°. At 8 P.M. it was 104·8°, when the salicylate of ammonia was repeated as before.

3rd.—At 12 o'clock midnight the temperature was 104·2°; at 4 A.M. 103°; at 8 A.M. 101°. A fall of 3·8° occurred after 100 grains of the salt. The eruption had faded on chin and neck, but increased on the upper part of the face. Slight delirium at night; deafness and tinnitus, tongue coated; pulse 112, strong. Urine contained excess of phosphates; with cold nitric acid, an abundant lower line and a scanty upper line, both soluble in solution of potash; copious albumen when urine was boiled, soluble with potash solution, but reprecipitated with acetic acid. At 11.30 A.M. she was ordered five grains of citrate of ammonia and iron and twenty grains of salicylate of ammonia in water, every two hours. To have three pints of milk daily. At 12 o'clock at noon the temperature was 103·2°, at 4 P.M. 103·8°, at 8 P.M. 102·4°, and at 12 midnight 106°.

The combination of the two salts, instead of depressing the temperature, much increased it, as, after the addition of the iron salt, the temperature rose 5° in twelve hours; so, at 2 A.M. on May 4th, the iron salt was omitted, and at 4 A.M. the temperature was 99°, a fall of 2° after one dose of the salt. Much delirium; great extension of the eruption over the scalp, with purulent deposits, confluent vesicles. At 2 P.M. she was ordered twelve ounces of port wine, and the medicine every four hours. More albumen in the urine.

On May 4th and 5th the temperature varied between 98° and 101°, with a morning fall and an evening rise. She was ordered four ounces of brandy and eight ounces of port wine. To have a calomel and colocynth pill at 2 P.M., and a senna draught eight hours afterwards. As the delirium continued, with great anorexia, the salicylate of ammonia was omitted. The temperature rose to 105·5° at 12 noon, and at 10 P.M. was 104°. At 11 P.M. the medicine was given every six hours. The delirium was very noisy, and the girl had to be removed to the separation ward, but she got calmer during the day. The eruption did not spread. Cough troublesome, but there were no abnormal chest-sounds.

7th.—She was ordered eight ounces of brandy and a similar quantity of port wine; to have fifteen grains of salicylate of ammonia every six hours. The eruption improved, together with the general condition, but the girl complained of pain at the back of the head. She was ordered on the 9th twenty drops of perchloride of iron, and ten of spirits of chloroform in water every six hours.

The temperature varied from 100·4° to 102·5° till the 10th, when there was a sudden rise to 104°, and then a fall next morning to 96·5°. The diet was improved to fish, two eggs, one pint of strong beef-tea, one pint of milk. An incision was made into the swelling at the back of the head, and a large quantity of pus evacuated.

There was a slight return of the erysipelas on the 14th, which yielded to the salicylate of ammonia, and from the 14th to the 21st there were constant exacerbations of the temperature to 106° and 105·8°, followed by fresh collections of pus, which were opened freely.

Convalescence was very slow, but she left for Wimbledon on June 17th, quite strong and healthy, though the eye still continued to be inflamed.

ST. MARY'S HOSPITAL, MANCHESTER.

TWO CASES OF ABSCESS IN BOTH OVARIES.

(Under the care of Mr. CULLINGWORTH.)

WE hope to be able to publish the notes of the second of these interesting cases next week.

CASE 1. *Abscess in both ovaries; rupture of right ovary, with escape of contents between the layers of the abdominal wall, simulating a cyst; peritonitis; aspiration; exploratory incision; death; autopsy.*—E. M——, aged forty-five, married, was admitted Jan. 13th, 1877. She had had three children, the last twenty-one years ago. Menstruation had not appeared during the last six weeks, but up to that time it occurred quite regularly. For several months the patient had been losing strength, but no special symptoms manifested themselves until six weeks ago. She was then suddenly seized with vomiting and severe pain in the abdomen. The abdomen gradually enlarged, and became the seat of constant pain, which was accompanied with frequent vomiting, obstinate constipation, and great thirst.

On admission she was weak and emaciated; the tongue was covered with a brownish fur; the urine was free from albumen, of sp. gr. 1019. In the lower part of the abdomen there was a distinctly fluctuating swelling, not tender on pressure. The percussion note was dull over an area bounded below by the pubes, above by a line two inches above the umbilicus, laterally by a line drawn vertically four inches to the right of the median line, and another drawn three inches to the left of the median line. The right iliac region was dull on percussion; the left iliac region and both flanks were resonant. At the level of the umbilicus the abdomen measured 30½ in. in circumference. The following measurements were also made: umbilicus to pubes, 6½ in.; umbilicus to ensiform cartilage, 5 in.; umbilicus to anterior superior spine of right ilium, 6½ in.;

and to anterior superior spine of left ilium, 8 in. On vaginal examination a soft rounded swelling was detected to the right of the uterus. The uterus was normal in length, the fundus pushed over slightly to the left.

The temperature taken in the rectum on several successive days was as follows:—

	Morning.	Evening.		Morning.	Evening.
Jan. 16th	—	100·2°	Jan. 26th	100·2°	102·0°
„ 17th	99·0°	100	„ 27th	100·9	100·8
„ 18th	99·8	—	„ 28th	100·2	100·4
„ 19th	100·6	101·0	„ 29th	100·4	100·8
„ 20th	100·4	101·0	„ 30th	100·4	—
„ 21st	100·8	101·4	Feb. 1st	100·4	100·4
„ 22nd	101·2	101·8	„ 2nd	99·8	100·2
„ 23rd	100·0	102·0	„ 4th	99·8	100·0
„ 24th	100·0	100·8	„ 5th	99·8	100·0
„ 25th	100·0	100·6	„ 6th	99·2	99·6

Jan. 27th.—Thirty-five ounces of pus, greenish-yellow in colour and without odour, were withdrawn by means of the aspirator through a puncture in the abdominal wall.

Feb. 2nd.—Vomiting continues, and the abdomen is resuming the aspect and dimensions it had before aspiration.

5th.—Emaciation progressing very rapidly. It was therefore decided to-day that an exploratory incision should be proposed to her, with a view to the removal, if feasible, of what was believed to be a suppurating cyst, probably ovarian. The risk was fairly set before her, and she urgently desired to have the chance which such an operation might afford her.

7th.—Accordingly, bichloride of methylene having been administered, an incision three inches in length was made in the median line, commencing above at a point an inch below the umbilicus. The abdominal muscles were carefully divided, and before the peritoneum was recognised, the pus-containing cavity was laid open, and a large quantity of fetid pus set free. On introducing the hand the cavity was found to correspond in extent with the area of dulness. No sac or pedicle was discoverable. When the pus had escaped, the posterior wall of the cavity presented the appearance of a slightly convex, thick mass of tissue, with a shreddy, uneven surface, on which there were abrasions or superficial ulcers here and there. The anterior and posterior walls of the cavity (which subsequently proved to be separated layers of the abdominal parietes) were firmly united on the right and on the left, and also superiorly, except at the right corner, where there was an opening large enough to admit a finger. Through this opening the lower edge of the liver could be distinctly touched. Inferiorly the surfaces were closely united on the left side of the median line, while on the right they were easily separated to a sufficient extent to allow a digital exploration of the pelvis. A little pus continued to well up from a small opening to the right of the median line in the lower border of the cavity. After separating the slightly adherent surfaces to the outer side of this opening, two fingers could readily be hooked round the lower border of the thick posterior wall of the cavity. The fingers being then directed downwards, the posterior wall of the uterus was felt; and to the right of the uterus, in immediate contact with it, a soft irregular mass was discovered, the interior of which was the spot from which the pus was oozing into the large cavity already described. Douglas's space was quite free. It was impossible to determine the exact condition of the parts, and the exploration was not pursued further. The walls of the cavity having been sponged with a lotion of carbolic acid, a drainage-tube was passed through the external incision, and brought out through the vagina behind the uterus. The wound was then closed with sutures. The vomiting continued, and the patient died at 6.15 P.M. on the same day.

Autopsy, eighteen hours after death.—Rigor mortis well marked. Incision, united by sutures, in median line of abdomen, three inches in length, opening into a large cavity. On reflecting the abdominal walls, this cavity was found to be due to a separation of the peritoneal and muscular layers of the abdominal parietes. It contained a small quantity of pus, and extended upwards from the pubes to a line on a level with the lower margin of the eleventh rib. Laterally it was bounded by a line passing vertically upwards on each side from the anterior superior spinous process of the ilium. At the right superior angle of the cavity there was an opening large enough to admit the finger, which communicated with a transverse channel, bounded in front by the lower border of the liver, behind by the stomach, and below by the transverse colon. The transverse colon was adherent to the stomach and to the parietal peritoneum in such a manner that no communication existed between this transverse channel and the general peritoneal cavity. Pus was found in the channel, having made its way from the larger cavity through the opening described above. At the lower margin of the large intra-parietal cavity there was an opening two inches long immediately to the right of the median line, running upwards and outwards, parallel with Poupart's ligament. Through this opening the drainage-tube was passed at the time of the exploratory operation, and at its inner angle was the spot where the suppurating right ovary had burst, discharging its contents between the layers of the abdominal wall. The right ovary was a mere sac, about equal in size to a hen's egg, containing purulent fluid. The left ovary, also enlarged, though to a much smaller extent, had become converted into a small bag of purulent fluid. The wall of the left ovary was entire. The posterior wall of the intra-parietal cavity consisted not only of thickened peritoneum, but of omentum and several coils of small intestine, which had become firmly united to it; these structures, strongly matted together, formed the thick convex mass which proved so puzzling on the operating-table. On dividing and turning aside this posterior wall, it was seen that the peritonitis had been limited to the anterior parietal peritoneum and the tissues immediately contiguous. The coils of intestine lying in the peritoneal cavity were free from any trace of inflammation. The uterus was thickened antero-posteriorly, owing to the presence in its anterior wall of three small fibroids, the largest of which was equal in size to a pigeon's egg. The liver was adherent throughout to diaphragm, stomach, and abdominal parietes. The kidneys and spleen healthy. The right lung was slightly adherent to the diaphragm, especially at its anterior inferior margin. The lower lobes of both lungs were congested posteriorly. The tissue of the heart was pale and flabby; the right ventricle was covered with a layer of fat, its walls were extremely thin and soft, and it contained a decolorised clot. The valves and orifices of the heart were normal.

GENERAL HOSPITAL, MADRAS.

FIBROUS TUMOUR OF BASE OF SKULL; REMOVAL; DEATH.

(Under the care of Prof. J. L. RATTON.)

THE following case, the notes of which were taken by Mrs. Scharlieb, clinical clerk, is chiefly interesting from the method adopted for plugging the pharynx. Professor Ratton says that he derived the idea from Dr. Trendelenberg's trachea tampon, but he thinks that plugging has some advantages over the tampon. Three soft sponges about the size of small oranges, with strong tapes attached, were used for plugging the pharynx. Once plugged, not only were the food and air passages shut off from the operation, but there was practically a closed cavity, which could be readily filled with compresses in case of hæmorrhage.

Moonesawmy, a delicate anæmic lad, aged eighteen, who was admitted into the surgical ward on the 19th May, 1877, had a tumour, which protruded from the left nostril and from beneath the upper lip. The tumour was of one year's growth, and first appeared in the left nostril. Owing to the expansion of the nasal bones and the widening of the upper jaw, the appearance of a "frog's face" was well marked. The smaller portion of the tumour, the size of a pigeon's egg, and somewhat rounded, projected from the left nostril. The larger portion, irregularly lobulated, and about the size of a swan's egg, protruded between the alveolar process of the upper jaw and the upper lip. Both portions were covered by mucous membrane, altered by exposure, and marked with superficial patches of ulceration. The nasal bones were raised to nearly a right angle with their crest; the arch of the upper jaw was widened more than an inch; the hard palate had been entirely absorbed, and the alveolar ridge bent outwards. The channel of the right nostril was nearly obliterated by the tumour, but

there was little or no bulging into either orbit. The pulse was quick and weak, the temperature normal, and the urine of a healthy standard. The boy was placed for a time on a liberal diet to prepare him for operation.

On May 28th the following operation was performed:—The patient having been prepared as usual, and being fully under the influence of chloroform, laryngotomy was first performed to allow of respiration after the plugging of the fauces. At the first incision the middle thyroid vein was divided, but was at once secured, and the tracheal tube was readily introduced. The pharynx and back of the mouth were then carefully plugged with soft, clean sponges, to prevent blood finding its way into the trachea or down the œsophagus. Breathing and the inhalation of chloroform was carried on through the tracheal tube. Skin flaps were then made, as in Sir William Fergusson's operation, and the nasal process of the superior maxilla was divided with the bone forceps. The anterior wall of the antrum was next removed, and it was then found that the tumour was of much deeper origin than had previously appeared. The tumour sprang, not from the superior maxilla, but from the body and the pterygoid processes of the sphenoid bone, the back of the pharynx, and the margin of the foramen magnum. The base of the tumour was large. At the furthest point to which a ligature could be pushed it measured two inches in diameter. A stout whipcord ligature was passed round the tumour, and it was cut off; the bleeding of the surrounding parts, which at the time appeared to be profuse, was arrested by swabs of cotton-wool, steeped in a strong solution of the perchloride of iron. Probably the total loss of blood did not amount to one pint, but the patient was much exhausted, his respiration was feeble, and his pulse imperceptible at the wrist. The wound was therefore closed with wire sutures and hare-lip pins, the sponges were withdrawn from the throat, and every effort was made to rally the patient. After a time these efforts were partially successful, and a certain degree of reaction took place. The pulse returned, the temperature rose, some dark fluid was vomited, the patient was fully conscious, and swallowed fairly; but he continued in a state of semi-collapse, and gradually sank until he died at 6 P.M.

Post-mortem examination.—The tumour was found to have the attachments described. A separate process of the tumour attached to the edges of the spheno-maxillary fissure grew into the spheno-maxillary fossa. The mucous membrane of the pharynx and œsophagus was discovered and peeled off easily as far as the cardiac end of the stomach. The stomach contained half a pint of fluid coloured black by tannate of iron; a patch of its mucous membrane near the cardiac opening was deeply congested and passing into gangrene. The larynx and trachea were normal.

Remarks by Prof. RATTON.—The tumour was attached not only to every bony prominence in the nares and pharynx, but it sprang chiefly from the body of the sphenoid and back of the pharynx. Most of its attachments were broken down with the fingers, but in so doing brisk hæmorrhage was caused, although the tumour was a fibroid. It was, however, in a sense gratifying to notice how quietly and unconsciously the patient lay throughout the operation. There was no shifting about, gulping, gasping, or disturbance of any kind. After the operation the wound was plugged with lint soaked with perchloride of iron, and the sponges were withdrawn. This was a mistake, because the secretions loaded with strong perchloride of iron gathered at the back of the pharynx, the patient swallowed them, and, as the post-mortem showed, the œsophagus was thus damaged from end to end. Perchloride of iron should not have been used. It would have been better to have applied the actual cautery, but the perchloride seemed milder at the moment, and it was effectual. The sponges need not have been withdrawn until there was a call for food. Again, it would perhaps have been well to have covered the sponges with gutta-percha tissue to keep them from swelling with blood, styptics, &c. They were a little difficult to withdraw. The tracheotomy tube was left in for six hours.

ST. THOMAS'S HOSPITAL MEDICAL SCHOOL.—The Entrance Science Scholarships given this year have been awarded as follows, viz.:—The scholarship of £60 to Mr. Wansborough Jones, B.A. Oxon., and B.Sc. London; and that of £40 to Mr. A. E. Wells, of the University of London.

Medical Societies.

CLINICAL SOCIETY OF LONDON.

Hysterical Anæsthesia.—Injury to Spinal Cord.—Cerebro-Spinal Lateral Sclerosis.

THE ordinary meeting of this Society was held on the 26th October, the chair being occupied by Mr. Bryant. The subjects discussed were all examples of nervous diseases, the most important being a remarkable case of hysterical anæsthesia in a boy, related by Dr. Henry Thompson. In this case the results obtained abroad by the application of metals (here gold) in restoring sensibility and vascularity to the insensitive parts, were confirmed on many occasions and under varying conditions. Mr. Brudenell Carter, in the course of the discussion, pointed out that the phenomena presented by hysterical subjects should be received with the greatest reserve, and protested against their being accepted as facts worthy of serious investigation. Other speakers, however, as Drs. Althaus, Broadbent, Glover, and Barlow, did not share these views.

Dr. CAYLEY read notes of a "Case of Hysteria, with Contracture of the Lower Limbs, Anæsthesia, and Ischæmia, in a Boy," communicated by Dr. HENRY THOMPSON. The patient, fourteen years of age, son of a French father and English mother, was admitted into the Middlesex Hospital on May 10th, 1877. He had always been delicate, but had no definite illness till two months before admission, when he began to lose flesh, became low-spirited, and complained of vertical headache. He had occasional paroxysms of laughing and crying, accompanied by a hoarse barking cough and globus. For a month he had been unable to walk owing to paresis, rigidity, and distortion of his lower limbs. On admission his pulse, temperature, and respiration were normal, and remained nearly so throughout the case. His voice was almost inaudible, but was strengthened by weak faradaism. The legs were firmly flexed upon the thighs, and the feet extended as in talipes equinus. The genital organs were ill-developed. Anæsthesia and ischæmia were prominent symptoms from first to last, and on May 18th experiments were made to define these conditions, with the following results:—At the time of observation he was very impassive, but the senses of sight and hearing were normally acute. There was complete cutaneous and deep anæsthesia, to ordinary and to painful impressions, on his cheeks, forearms, and in fact over the whole body; punctures were made down to the bone, and none of them were followed by any bleeding. Faradaism being applied to the right forearm, the seats of puncture began to bleed, but the anæsthesia persisted. Gold coins were then applied, and it was noticed that after their application for ten minutes, sensation returned over these regions, and punctures produced bleeding, the range of sensibility gradually diminishing in every direction from the area over which the coin was placed. These experiments were repeated on the 19th, 21st, 29th, and on several subsequent occasions, with invariably the same result. Like observations were made with other metals, insulated and non-insulated, and with wood, with the boy's attention drawn to it, or, on the other hand, wholly without his knowledge, but only with the gold could the above results be obtained. On one or two occasions the gold failed, but never when it had been applied as long as ten minutes. Once a puncture made into the leg, when he was asleep, produced pain and free bleeding. In about a month after his admission, he had so far recovered the use of his limbs as to be able to walk about with the aid of a stick. It was not until fully three months after his admission that the anæsthesia and ischæmia passed away, and he left the hospital on Aug. 25th, able to walk fairly well, and with his sensibility and capacity for bleeding everywhere normal. With the exception of being treated for two severe attacks of bronchitis, shower-baths, faradaism, valerian, cod-liver oil, and iron, were the only remedies adopted. Dr. Thompson pointed out that the case was one

of pure and simple hysteria in a boy who was singularly intelligent, thoroughly truthful, straightforward, and uncomplaining, but who appeared to have been foolishly indulged by an over-fond mother, was of rather an effeminate disposition, and was possessed of ill-developed genital organs. Possibly the latter was the main element in his predisposition. The symptoms included paresis and contracture, anæsthesia amounting to analgesia, which, unlike the majority of cases, was distributed equally on both sides. Thirdly, there was the strange feature of ischæmia, and lastly the influence of the gold coins. The author of the paper dwelt at some length upon the nature of this influence; he considered that what is known as the "moral" theory, which has the support of Dr. Russell Reynolds, although no doubt an element in this as in every other case of hysteria, could not altogether explain the result of this experimentation. For example, the gold was operative when the boy was told and believed it was silver, and the silver was inoperative although the boy believed it to be gold. On the other hand, so far as the anæsthesia was concerned, a puncture made when the boy was fast asleep was evidently felt, and produced bleeding.—Dr. ALTHAUS said that the case was of considerable interest in connexion with the experiments on metallo-therapy undertaken by M. Charcot at La Salpétrière. He had himself seen the experiments, and entirely agreed in the conclusions arrived at by M. Charcot. There was no question as to these facts being facts, although their explanation might be difficult. The theory of the influence of mental and moral impressions could not be sustained, for in many instances the patients were unaware of the experiments being performed. Patients who were so completely anæsthetic as not to feel, not merely the prick of pins, but of lances thrust even to the bones without exciting hæmorrhage, became sensible of the slightest ill-usage within fifteen or twenty minutes after the application of metals. How also could any mental operation produce the ischæmia? The temperature of the part, too, rose from 26° and 28° C. during anæsthesia to 34° or 35° after fifteen minutes' application of metals. A like remarkable difference was ascertained in the muscular power before and after the experiments. All the cases in La Salpétrière had further some affection of the special senses, as colour-blindness, deafness, anosmia, &c., all of which disappeared under the same means, so that after the application the ticking of a clock could be heard at a distance of three feet; ether, not smelt before, was readily perceived; and colocynth could be tasted, when it could not before the application. At present no *rationale* could be given of the *modus operandi* of the metals. Another interesting point was the transference of sensibility and of elevation of temperature from one side of the body to the other. Thus, after the application of the metals to the anæsthetic and analgesic half of the body, this became hyperæsthetic, the previously normal side becoming less sensitive. So also with temperature, muscular power, and the special senses. The action of the metals could not be explained on electrical grounds; for, although undoubtedly the coins do give rise to electric currents, yet these, in the case of pure gold, are extremely feeble, deflecting the galvanometer-needle about three degrees; whilst a gold coin causes a deflexion of ten degrees, and copper, zinc, iron, one of from 60 to 80 degrees. Such currents resemble much the physiological currents in nerve and muscle, and it was difficult to believe that they produced the effects stated. Moreover, in the case read, the coins were on several occasions insulated by paper and silk.—Dr. BROADBENT could add but little to the ample account of Charcot's experiments just given by Dr. Althaus. He had himself seen them, and he noticed this fact—that many of the young girls who were perfectly insensible to and did not bleed after deep punctures with a large carpet-needle, were yet engaged in sewing. He had recently under his care a case resembling that related by Dr. Thompson. A young girl who had been a little out of health, and who presented none of the usual signs of hysteria, began to suffer from slight weakness in the arms and loss of sensation in the legs from the knees downwards. This anæsthesia was complete, and was associated with ischæmia. Metallic applications restored the normal condition, and Dr. Broadbent attributed the change to the effect of expectant attention, which might induce the return of sensation and circulation, just as it induces pain, in any region. In his case he did not try metal coins, but caused the patient to wear a brass garter below the right knee, without informing her of the result expected to ensue. In the course of a few days sensation returned to the right leg, the left remaining anæsthetic; and this again regaining its sensibility after the garter had been worn on it for a short time. Dr. Broadbent did not profess to understand the reason why now one metal and now another was operative, especially when the patient was unconscious of the application; and in his own case he could not say whether expectant attention, or some galvanic influence, was the reason of the cure.—Mr. BRUDENELL CARTER said that many years ago he saw much of hysteria, and had even written a small book on the subject. He had heard, in the course of the discussion, the word "facts" freely used, but he submitted that the "facts" which rest on the testimony of hysterical patients were often of that order which are regarded as most akin to "fiction." Statements as to sensations—e.g., colour-perception—should be received with the greatest possible caution, and many instances were on record in which deceptions of this nature had been freely practised. We should remember the history of Elliotson, and the wonders he produced upon the girls O'Key, who, all the time, were imposing upon him. He could refer also to the recent account published by Dr. Henry Bennet, of imposture caused by a hysterical woman, and would state his belief that these hysterical women have no other interest in life than that of deceiving their good friends the doctors. Mr. Carter concluded by stating that Mr. Maskelyne had lately said that one reason why men of science and culture could not detect the tricks of the spiritualists was because their tricks are of such a nature as to suggest themselves to school-boys rather than to educated men.—Dr. COUPLAND said that, in spite of what had fallen from Mr. Carter, he could not understand how a condition of ischæmia (such as was present in Dr. Thompson's patient) could be *wilfully* induced.—Dr. GLOVER said that, although there was some truth in Mr. Carter's views, it was clear that the time had come for a more careful investigation into the various forms of anæsthesia, even when occurring in young women and in subjects distinctly hysterical. Thrusting strong pins under the nails without educing any evidence of pain was an unmistakable test of the absence or the impairment of sensation, and was really a very curious phenomenon yet to be explained. Such facts occurred in men sometimes. A few days ago he had seen, in consultation, a young married man in a trance-like state, where a very marked degree of insensibility to pricks of pins and needles existed on the right side of the body. The right cornea was as insensitive to the nail as that of a patient under chloroform. Yet, a short time before Dr. Glover's visit, and while in this condition, this patient had got out of bed voluntarily to pass water. He did not speak, but made certain movements in response to questions. There had also been a convulsive attack affecting chiefly the right side of the face. Dr. Glover, while thinking the report of the case of great interest, thought at the beginning of the session the Society should remember the rule which restricts the length of papers.—Mr. CARTER instanced the occurrence of "witches' marks."—Dr. T. BARLOW thought the Society much indebted to Mr. Carter for his wise admonitions, which would be more to the purpose if he would come and investigate the cases himself. Some of these cases of hemianæsthesia had been most thoroughly investigated. They had had all the scientific scepticism of Paris directed on them, but deception was not detected. Surely it was better to acknowledge an ignorance of the cause of these phenomena than take refuge in sham. In hysteria there appeared to be a general sluggishness of the sensory functions. So keen an observer as Duchenne declared that in hysteria the electric sensibility was diminished; and all knew how a hysterical patient may be faradised without giving pain. These were undoubted facts. Dr. Barlow also referred to the ease with which, as a rule, the laryngoscope could be used in hysterical women: as if there were also an anæsthesia of the fauces.—Mr. LOWNE thought the effect produced by the coins was a purely physical one, having a physiological explanation. If any hard body be drawn across the hand, and blood thus forced out of the capillaries, there would follow in a few seconds increased vascularity, and hence the increased bleeding.—Mr. HOWSE inquired if at La Salpétrière Dr.

Althaus saw any of the patients operated on for the first time; because he remembered, when he was there some years, meeting with the same cases over and over again. All would admit the power of imagination in causing an arrest of capillary circulation and hæmorrhage. — Dr. ALTHAUS replied in the negative to Mr. Howse's question; but he would say that the application of metals to cases of organic hemianæsthesia produced the same result as in hysterical cases. The mere influence of imagination was contradicted by the fact that different coins have different effects.

Mr. LAWSON read notes of a "Case of Injury to the lower portion of the Spinal Cord, followed by wasting and contraction of the muscles of the lower extremities;" communicated by Dr. AIKMAN, of Guernsey. The patient, a young man twenty-one years of age, was admitted into St. Peter's Port Hospital, Guernsey, on March 20th, having fallen from a tree for the distance of twelve feet, striking his heels on a fence rail and falling on his back. He was pale, and complained of loss of power in his legs, but reflex contractility was preserved. For some days there was great pain in the legs; no spasm was noted. After the first week he was able to move about the ward with the aid of a stick, but still complained of nocturnal pains. He left the hospital on the 18th of April at his own request. On the 4th of July he stated that three weeks previously he began to have cramps in the left foot, which were found to be much atrophied, with the flexor muscles in a state of tonic spasm; the sural muscles were also contracted, so that but for the flexion of the toes the foot resembled the position of talipes equinus. There was also atrophy of the muscles of the calf and thigh, and to a lesser extent of those of the other leg. The nocturnal pain had disappeared, but there was slight tenderness over the spinous processes of the lumbar vertebræ. The use of chloroform produced no relaxation of the spasm, and blistering, belladonna, mecury, the warm bath, opium, and faradaism, which had previously acted well, were all ineffectual, and the atrophy still progresses.—Dr. BUZZARD said, without further details the precise nature of the spinal lesion must remain doubtful. Probably it was a case of hæmorrhage into the spinal canal, which accorded with the temporary recovery from the paralysis, whilst the subsequent contraction and atrophy of muscles would be due to descending neuritis. In such a case he should think that voltaism would restore nutrition and cause contraction of the atrophied muscles rather than faradaism.—Dr. ALTHAUS thought that if the paralysis did not supervene immediately upon the injury, the case was rather one of acute myelitis, which would explain the acute pain at the commencement; whilst the atrophy would be due to implication of the grey matter of the cord, rather than to neuritis following spinal hæmorrhage.

Dr. DOWSE read notes of a "Case of Cerebro-Spinal Sclerosis." The case was that of a female inmate of the Central London Sick Asylum, from Jan. 12th, 1872, till her death on December 23rd, 1876. She was forty-one years of age, and her illness began with an attack of left hemiplegia, which was followed later by a right hemiplegia, so that there was complete paralysis of all the voluntary muscles of the body. There was complete anæsthesia with tremor, but although the latter was increased by agitation, the will was powerless to communicate ideas to the outer world. There was no marked adipose or muscular wasting, and never any voluntary control over the sphincters. Sense of sight was apparently good; the optic discs appeared normal; the pupils were contracted. There was trismus, but marked paralysis of all the facial muscles. The thoracic and abdominal muscles were rarely seen to move, and the patient lived a mere vegetable existence for four years. After death the brain weighed 40 oz., the dura mater was normal, the arachnoid opaque, and the cortical matter of the hemispheres unchanged. But on each side there was extensive sclerosis, extending from the corpora striata through the pons and medulla, and thence into the antero-lateral columns of the spinal cord. Dr. Dowse presumed that the lesion commenced with hæmorrhage into the pons, which gave rise to secondary sclerosis both upwards to the corpora striata and downwards throughout the cord. He did not think the patient's mind was involved, but she was unable to make her will known. Indeed, had it not been for the marked facial paralysis, the case might have been regarded as one of hysteria; similar to one recorded by Charcot, where the patient recovered suddenly from a long-standing paraplegia with contractions, &c.—Dr. BUZZARD remarked upon the resemblance of such cases to hysteria. He had met with several cases of young women suffering from cerebro-spinal sclerosis who had been declared to be only hysterical; their sufferings had been made light of, and they had endured great hardships in consequence. Possibly some of Charcot's cases were examples of sclerosis occurring in hysterical subjects.

The Society then adjourned.

MEDICAL SOCIETY OF LONDON.

Maternal Impressions.

AT the meeting of this Society on October 29th, Mr. F. Woodhouse Braine, V.P., in the chair, Dr. Sanné, of Paris, was elected a Fellow of the Society, and Dr. Chisholm, of Australia, proposed for election.

A paper was read by Dr. R. J. LEE upon "Maternal Impressions." He said that in a former paper, read about three years ago, he had limited his remarks to instances where deformities or abnormalities in offspring could be referred to startling effects produced upon the mother by particular objects. He then urged, however, more extended inquiry, because, as a matter of fact, the influences which give rise to the greatest amount of mental disturbance are not objective and material, but rather subjective and emotional. The mental disturbance produced by fear, anxiety, &c., in the mother, could not be expected to give rise to any such external bodily defect in the child as would ensue if she were suddenly frightened by a distinct object. The latter class of cases, with all our knowledge of the intimate connexion between mother and fœtus, we still failed to comprehend; and in a practical point of view, considering the very much greater frequency with which mental and not bodily defects occurred in children, it would be better to seek for an explanation of the more common class of cases, before attempting the rarer and more difficult class. There was the class of those where the cause of mental disturbance has not been connected with any particular part of the body of the mother, or with any distinct object which she has seen, but has resulted from a violent shock to the whole nervous system, as from exposure to serious danger or sudden mental distress. As the other class, in their simplest form of maternal impression, were included those cases where some particular organ or part of the mother has been affected, as in cardiac disease, laryngitis, or other local disorder, without any disturbance of the mind, when the child is found to exhibit a congenital defect in a corresponding part or organ. Dr. Lee suggested that instances of peculiar shrillness or hoarseness of voice might sometimes be so traced, and such nervous disorders as stuttering and the like; but in many instances both mind and body have been simultaneously affected. The paper concluded with brief details of a series of nearly twenty cases which had come under the author's personal observation since his last paper on the subject was read.—Mr. BRAINE, in thanking Dr. Lee for his paper, pointed out that it was only by collecting and sifting large numbers of cases that any light could be thrown upon the question of "maternal impressions." The class of mothers which furnished most of these cases were those who were most liable to receive mental shocks during their pregnancy.—Dr. GRIFFITH related cases which had come under his own notice, the most remarkable being that of a lady, who, frightened early in her first pregnancy by a decrepid and deformed old man, not only brought forth a deformed child on this occasion, but during three successive labours, she being unable to get rid of the dread that each child would be as the first, and this, in spite of every means taken to rid her mind of the haunting impression. The fifth child was, however, well developed.—Dr. DE HAVILLAND HALL mentioned a case of an idiotic child in a family of eleven healthy children, being attributed to a maternal shock during pregnancy.—Dr. GODSON said that the chief difficulty was to steer clear of mere coincidences. Still, there was no doubt that an impression on the mother in-

fluenced the offspring in utero, although there was no explanation of the manner in which this took place. He referred to the case of a child born with a slightly withered arm, and a growth of short hairs on the back and arms, whose mother had been frightened when pregnant by a monkey jumping on to her back.—Dr. FARQUHARSON believed that most cases were explained by anomalies of development.—Mr. Napier, Mr. Manville, and Dr. Hyewood Smith having made some remarks, Dr. LEE, in reply, said he was quite sure the first class of cases to which he referred were the results of mental impressions, which produced mental defect in the offspring; and he thought them far more common than was supposed. Most cases of idiocy could be set down to these causes. He gave other instances in support of this theory, and said he was quite sure there were two classes of maternal impressions—viz., those producing lesions on the surface of the body, and those which were the effect of changes in the nervous and arterial systems.

Dr. GODSON then exhibited a new Forceps for seizing polypi, in which a trigger catch came into action when the instrument was closed; and also a new form of Zwancke's pessary. The meeting then adjourned.

Reviews and Notices of Books.

Army Medical Organisation: A Comparative Examination of the Regimental and Departmental Systems. By Surgeon-Major G. J. H. EVATT, M.D., Army Medical Department. Second Edition, pp. 38. Allahabad. 1877.

THIS *brochure* on a subject which has given rise to much discussion may be advantageously studied by all who take an interest in the important question of the organisation of the medical service of the army. It bears evidence of careful thought, a just appreciation of the requirements of the service, and a practical knowledge of its details.

The great changes effected in the constitution of the army during the last quarter of a century, the abolition of life service, and the introduction of limited enlistment first for ten and then for six years, the modification of the regimental system by Lord Cardwell, and the want of adaptability of the system of regimental hospitals to service in the field, rendered necessary some reorganisation of the medical department. Our author points out that until lately a *bonâ fide* medical department could not be said to exist. A very large proportion of the medical officers were removed entirely from the control of the Director-General and administrative officers of the department, and were merely units in the regiments, and amenable only to their commanding officers. Without the sanction of the latter, they were not available for any duty except that of the regiment to which they were gazetted; and the principal medical officer, who was considered responsible for the efficient working of the department in the garrison or in the field, had no power except over the medical staff. He was thus called upon to administer, whilst he was refused the authority necessary to successful administration. Under the unified system, the principal medical officer will be held responsible for the entire working of his department, but he will have the power to employ all the medical officers under his command in any manner and at any duty he may think fit, subject only to the interference of the general officer commanding.

Our author has given a clear and fair statement of the alleged advantages and disadvantages of the regimental system, into which we have not space to enter. We may merely notice that he disposes satisfactorily of the argument which has so often been advanced by military officers, "that medical officers, being constantly with the same regiment, learned to know the men, prevented scheming, and thus benefited the State."

We have heard much from regimental medical officers of the injustice of abolishing the system, and thereby depriving them of a pleasant home and its accompanying associations. But we have not had the obverse of the picture—the state of the medical staff officers—presented to us, as is now graphically done in this pamphlet.

"On the one side were the regimental doctors, the lucky men who got into regiments, escaped all the drudgery of the army life, had comfortable messes, and were never moved about the country. On the other side were the staff doctors, 300 strong, a body of officers whose unhappy position it was impossible to describe in terms too strong. . . . I do not know any body of officers in her Majesty's army who suffered as they did. They were perfectly friendless and homeless; they were the drudges of the department; they were literally never at rest. Every move of troops, every outbreak of disease, every possible unpleasantness in army life weighed down the old staff assistant-surgeon. His life in India was the joke of every mess; literally no man cared for them. They flitted from station to station, and from cholera camp to cholera camp in a surprising way. They had no homes, no messes, no circle of friends. Their nameless graves are scattered over the land in no small number. That they were deficient in discipline and often injured in their *morale* was no fault of theirs; it is easily explained."

Happily the new organisation has abolished this unfair class division, and it has also put an end to the unceasing change of quarters on the part of the medical staff, which often put them to serious inconvenience and to unnecessary expense without any compensating benefit to the service.

The chief advantages of the departmental over the regimental system appear to be that the former is equally applicable to peace and war, and that there will be no necessity for a change at the very moment when efficiency is most required. We have the evidence of Sir Garnet Wolseley and the sad experience of the Crimea to prove that the regimental system is "unsuited for a large army, very expensive, and too cumbrous for rapid and constant moving." The unification will consolidate the medical department into a scientific corps, instead of being merely a sub-department of every regiment, and will, we trust, generate a professional *esprit de corps*. It will equalise the amount of foreign service among the officers, and enable a fair roster to be kept. It will render them independent of non-professional interference, and give them the power, and, they must not forget, also the responsibility, of ordering their hospitals aright. It will greatly increase the facilities for professional intercourse between the medical officers, and for adding to their knowledge and attainments. It will also afford them opportunities to become acquainted with the details of the administrative duties connected with large hospitals, and thus qualify themselves for the charge of these in time of war.

The author goes into all these questions, and others which we do not think it necessary to particularise, and comes to the conclusion that the advantages to the soldier, the medical officer, and the profession, preponderate greatly in favour of the new system.

To one of the new arrangements—not, however, necessarily connected with the unification system—our author strongly, and we think with reason, objects: the ten years' system of service in the Department. We would earnestly recommend to the consideration of the Secretary of State the objections brought against it. We believe it will prove a failure, and only trust this may be realised by the authorities before much mischief has been done by the introduction of a class of candidates into the service inferior in quality, professional and social, to those who have of late years been admitted. Mr. Hardy has taken upon himself a very serious responsibility in introducing this system, and we would strongly advise him to reconsider it well ere it be too late.

We conclude as we began, with a recommendation to all who take an interest in the question to study this pamphlet. It is well considered, and, although we do not agree with the author on every point, it is, as a whole, a valuable contribution to the history of the Army Medical Department.

An Introduction to Human Anatomy, including the Anatomy of the Tissues. By WILLIAM TURNER, M.B., Professor of Anatomy in the University of Edinburgh, &c. Part II. Edinburgh: Adam and Charles Black. 1877.

THE article on Anatomy in the new edition of Black's "Encyclopædia Britannica" has been written by Professor Turner, and it is also published separately in two volumes, the first of which was reviewed by us in 1875. The second volume, which has not yet appeared in the Encyclopædia, has recently been published, and is, in many respects, even superior in value to the first. It contains a well-written and accurate description of the vascular, respiratory, digestive, urinary, and reproductive systems, and no better guide or introduction to the larger and more detailed descriptions which are given in advanced text-books, such as Quain and Sharpey's Anatomy, can be made use of. The student could not possibly do better than begin his study of visceral anatomy with this volume, for the descriptions are singularly lucid and concise, and contain an epitome of our most recent knowledge. The sections which deal with the development of the different systems of organs form the clearest and most explicit summary of the writings on the subject with which we are acquainted. The first chapter is devoted to the vascular system, and we should scarcely have thought that so brief an account would have been of so much value as this is. The anastomoses of the different branches of each system of arteries are given separately, and form an important feature in this chapter; and many of the arterial variations, which are so often met with, are also referred to.

The book is well printed, of handy size, and almost absolutely free from typographical errors; and we must congratulate the Edinburgh publishers and the Edinburgh professor on the production of so useful a work on so stereotyped a subject as Human Anatomy.

S. W. Silver and Co.'s Handbook to the Transvaal, British South Africa. London: S. W. Silver and Co., and Hamilton, Adams, and Co. 1877.

THE recent annexation of the Transvaal has very naturally created an interest in a part of South Africa that is said to be more fertile than any other British possession on that continent. It is most probable that this province will be an attractive place for emigrants, and so Messrs. Silver, with accustomed energy, have hastened to supply for the use of all concerned such information as may be useful to the intending emigrant and the traveller, as well as interesting to the general reader. The substance of the book before us is both eminently practical and readable; and it is not uncomplimentary to the author, whoever he may be, to speak of this work as a specially clever compilation, the authorities quoted being religiously named, and all of a reliable class. The country is described as a table-land, seldom sinking below 2000 feet above the sea level, being generally above 3000 feet, and towards the Drakenberg rising from 5000 to 7000 feet. Then, although the Transvaal stretches northward eighty miles above the tropic of Capricorn, that elevation secures it from an immoderate amount of heat; and the dryness of the air, in consequence of the proximity of the Kalahari Desert, increases the salubrity of the climate very considerably. The author points out that the Valley of the Limpopo is to be avoided, because the temperature on the lower levels is high, and conditions favourable to fever exist. Although the paragraph on climate is somewhat scanty, we cannot doubt that, in the next edition of the book, it will be supplemented by many other particulars helpful to the invalid as well as the robust colonist. Messrs. Silver will do well to keep this point in view, because, as we have indicated on several occasions lately, South Africa ought, in process of time, to be classed as one of our chief sanitaria for pulmonary cases. We recommend the book to the attention of all prospective colonists.

Handbook of Practice of Medicine. By M. CHARTERIS, M.D., Professor of Practice of Medicine, Anderson's College, Glasgow, and Physician and Lecturer on Clinical Medicine, Glasgow Royal Infirmary. London: J. and A. Churchill. 1877.

THIS is a small octavo book of some 280 pages, and is modestly styled by the author a compilation: "My aim having been to render it 'handy' and practical, it is in many respects necessarily brief." Dr. Charteris tells us that "he has tried to write as one speaking to students"—meaning, we suppose, students at the bedside. It appears to us, however, that the book before us will be less useful to students than to busy general practitioners, and there is no doubt that the latter class will find it a useful addition to their medical libraries. With students the tendency of "handbooks" is to induce rough-and-ready modes of learning, to the neglect of medical anatomy, autopsies, and minute clinical observations, which must of necessity be the forerunner of all sound work in the treatment of disease. It does not, therefore, seem judicious to put such a work into the so-called "Student's Guide Series," for we apprehend that this book cannot be, in the best sense, useful until degrees and diplomas are obtained, and the practitioner has settled fairly down to work. There are some well-executed illustrations, microscopical and pathological, and a very general appendix of formulæ, which, for ready reference, should be exceedingly useful. In point of fact, we have not often met with a book that can be so confidently recommended to physicians or men in general practice.

The Motions of the Brain, with illustrative graphic tracings, &c. The Behaviour of Carbolised Catgut inserted among Living Tissues. By WILLIAM J. FLEMING, Lecturer on Physiology, Glasgow. Glasgow: Dunn and Wright. 1877.

DR. FLEMING, by the use of the graphic method, shows very clearly the movements of which the brain is susceptible, and points out that, whilst the absolute quantity of fluid in the encephalon never varies, the relative proportion of blood and cerebro-spinal fluid is constantly undergoing change, which entails movement of the substance in which they are enclosed, so that the motions recorded by the liver in cases where the brain is exposed are the same as those normally occurring in the closed skull. Dr. Fleming's tracings show movements which he terms respectively respiratory oscillations and cardiac pulsations. The former are much bolder and slower than the latter. He proceeds to describe the influence of various conditions on these curves, summarising the conditions as respiratory, circulatory, postural, digestive, and mental. Dr. Fleming's observations on the behaviour of carbolised catgut in the living tissues show that a gradual softening takes place from without inwards, the catgut breaking down and becoming infiltrated with cells, probably leucocytes. This part of the process takes place in from five to twenty days. Next, the pultaceous mass, into which it has become converted, begins to metamorphose, and is soon permeated with blood-channels, and, ultimately, may be described as a cast of the catgut in a kind of granulation tissue, freely supplied with bloodvessels, which, in many of his sections, are very fully injected.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 3, 1877.

WE report in another column very gratifying evidence of the improvement in the degree of appreciation with which the members of clubs regard medical services. There never was a time when so much intelligent attention was directed to finding out the best of the different ways in which the masses of the people may be supplied with medical advice and with medicine. There is no subject of more importance to the working classes than this. Some people think that sickness in the working classes is unimportant, and that the crowds that repair to free dispensaries and the out-patient departments of our hospitals do so on fanciful grounds, and for the love of a little nasty physic. Such an opinion is very ill-founded. The wonder is that so many human beings should be seen at such places doing the ordinary work of life cheerfully under the most painful and disadvantageous conditions, and with diseases that under a well-regulated system of clubs might be either cured or so much relieved as to be unimportant. Laundresses may be seen with the uterus prolapsed and excoriated, or with legs ulcerated for years, and on which they have to stand all day, and sometimes walk miles. Men will be seen with degrees of bronchitis, or gout, or rheumatism, that render labour painful, and the man unfit for work perhaps ten years sooner than in the course of nature. It is rich people who have fanciful complaints. The tendency of the working classes is to ignore disease in its earliest and most manageable stages, until it becomes inconvenient, and presumably more difficult of cure. Hence they have an enormous interest in providing beforehand for the best treatment of their diseases which they can command. A rich man need take no such trouble. If he becomes suddenly diseased or disabled, he can command the best opinion in London or in his district; but if a working man becomes disabled or diseased, and has made no provision for the "rainy day," he drifts perhaps into a chemist's shop, or a herbalist's, and so temporises that his disease is established, and the illness that might have been averted by three days' medical care involves three weeks or three months of pauperising inability to work. It is essentially the same with sickness in the working man's family.

The oldest form of protection against sickness which the providence of the working classes has taken in this country is in the institution of benefit societies and sick clubs, which for the most part have had a medical officer attached to them. By this arrangement men are provided, in case of sickness, with the two things they urgently need—some weekly allowance in lieu of wages (suspended by cessation of work), and a medical attendant to get them well as quickly as possible. This institution of the sick club has a great deal of respectability in it. It is almost, if not entirely, self-supporting, and it provides temporary income as well as medical attendance. It is the oldest and most creditable answer to the charges of improvidence brought, not without reason, but often with unjustifiable asperity, against the working man. The weakness of the club system in its medical aspect has been in its inadequate appreciation of medical service. It could not be expected that the medical profession should be satisfied with half-a-crown a year per member. How could they? What was there in such a sum to satisfy a highly-educated man, or to make any thoughtful working man feel that he had duly paid for medical attendance if he required it? The consequence was that such appointments were either taken by the youngest and most inexperienced men, or, if taken by men of standing, that the work was relegated largely to the unqualified assistant, if not to the apprentice; and, further, that the considerate working man—who felt keenly that he was not giving his club doctor as much for attending him a year as he would spend over beer in a week—hesitated about going to the doctor unless driven by serious and advanced disease.

There was yet another disadvantage in the club system. The relation of the doctor, through the club, to the father of the family made it difficult for him to decline attendance on the family, for payment for which, in the club system, as a rule, no provision was made. These were the faults and imperfections of the club system which led very much to the establishment of provident dispensaries. But the letter which we publish from Dr. MONCKTON, of Rugeley, enclosing a list—including a previous list—of about one hundred and twenty clubs, in various districts of the country, which readily agreed to pay 5s. or 6s. or more to their medical attendant, suggests that we have not yet done with the medical club system as one on which to establish that better attendance on the working classes which is so essential to them. As far as we can learn, these improved terms have been gained by medical men without any undignified pressure, but from reasonable and courteous representations to the clubs. There is only one thing that hinders the universal concession of these and still juster terms by the clubs, and that is the unworthy practice of a few newcomers, who, impatient to obtain immediate work, and to step into other men's labours, do not scruple to offer their services on terms degrading alike to themselves and the profession. We appeal to the clubs—it is no use appealing to men who have no sense of what is due to their profession—to disregard such offers, and to contract with medical men on such terms only as befit the value of the services which they need from their medical attendants. If they can begin the new year by raising the remuneration of their medical officers, and if, in addition to this, they can devise terms equally just and liberal for securing attendance on the families of members, they will do much to elevate and perpetuate the club system, and to make it worth the while of good practitioners to spend time and trouble in working it well.

We have left ourselves no space to speak of the only alternative system to that of clubs by which the masses of the people can be well and honourably attended—that of provident dispensaries. This we may leave for another occasion. They have some advantages over the club system and some faults. The whole subject is of great interest, and deserves far more attention from the body of the profession

than it has yet received. Meantime we commend the example of the clubs in the list we publish to the attention and imitation of all the clubs of the country.

SALICIN and salicylic acid in the treatment of rheumatism may now be considered to have received a fair trial both in Europe and America, and the verdict of the majority of those who have employed the drugs is a favourable one. Among those who have published the results of their experience in this matter are many great authorities both at home and abroad, and the fact of their reports being couched in such strong terms as has in many instances been the case, in itself tends to show that in salicin and salicylic acid we have drugs which produce, in many cases of rheumatism, an effect hitherto not manifested by any other as yet known to us.

We lately remarked that there can be now little question that salicin and the salicylates, especially the latter, do exert an influence, in the cure of rheumatism, which is quite peculiar to them, and daily experience tends to confirm our belief. The striking success which attended the administration of these remedies in the earlier cases naturally encouraged the idea that they were to prove no less efficacious in rheumatism than quinine in ague. Facts have, however, been recorded during the past few months, both in our own columns and elsewhere, which show that, striking as are the effects of salicylic acid in many cases, we have as yet discovered no remedy which can be regarded in the light of a specific for rheumatism. The primary effects of the salicylic acid or its salts are—(1) a rapid, and in many instances an almost sudden, reduction of the temperature of the body; and (2) frequently a contemporaneous relief to the pains in the joints. In crediting any one remedy with the capacity for effecting these changes by its own action, we must be on our guard against attributing to a medicine a sudden recession of acute symptoms, which is by no means unfrequently met with in a disease so variable in its course as rheumatism, even when uninfluenced by any treatment at all. Accumulating records, however, serve to indicate that salicylic acid does possess this property of alleviating the pain and reducing the temperature in many cases of acute rheumatism. Out of seventy cases treated with this drug in the Leeds Infirmary during the year 1876, and recorded by Dr. E. H. JACOBS, in a paper read before the West Riding Medical and Chirurgical Society, "in thirty-five the improvement was so rapid as to leave no doubt as to the efficacy of the drug." This statement receives confirmation from an inspection which we have lately made of the register of a hospital in which twenty cases were treated with salicylates. The figures here show that the average duration of pain was barely three days, while the temperature remained permanently normal after the second day. In daily practice, however, practitioners are brought into contact with two distinct varieties of acute rheumatism, which, if it be allowable to express them in terms of salicylic acid, may be called the salicylate and the non-salicylate form. The characteristics of the former are high temperature (about 103° F.), severe pain, and much redness of the affected joints; and it is in these cases that salicin or the salicylates effect such remarkable and sudden amelioration of the acute symptoms. The main features of the latter variety are a comparatively low temperature (about 99°), little or no redness of the affected joints, or, if present, the redness is in more or less circumscribed patches; severe pain, accompanied by great depression. In such the drugs have but slight effect; the temperature may be reduced even below the normal standard, but the pain persists. Similarly, in chronic rheumatism, the action of salicylic acid seems to be very uncertain; in some cases the pain is relieved, in others no effect is produced, and it is found necessary eventually to have recourse to other remedies.

A question arises, however, which is of far greater moment than the relief of pain and the reduction of temperature—viz., does salicylic acid prevent cardiac lesion in acute rheumatism? and this question can, it is to be feared, only be met with a negative. So far as present experience goes, the results of the salicylate treatment do not contrast unfavourably in this respect with other methods. Perhaps, on the whole, the comparison may even be deemed favourable. Thus, of 63 cases treated with salicylic acid in the Boston City Hospital during the past year, Dr. BROWN found that cardiac lesions, which occurred after the admission of the patient, amounted only to 4·76 per cent. Out of 312 cases, published in England, America, and Germany, of which Dr. E. H. JACOBS gives the particulars in the paper already referred to, 9 cases, or 3½ per cent., were attacked with cardiac complications. It is not our purpose on the present occasion to institute comparisons between the salicylate and other methods of treating rheumatism, except in so far as they bear upon any point at issue; but we would parenthetically, in connexion with Dr. BROWN's report, call attention to a number of cases published by Dr. BLAKE in the Boston City Hospital Reports (first series), which were under the alkaline treatment, and in which the cardiac lesions were rather over 13 per cent. It would be manifestly unfair from so few cases to draw any definite conclusions for or against either method of treatment; all we would urge is, that the salicylates have hitherto contrasted favourably with other remedies, but that they do not confer an absolute immunity from cardiac affections. A striking case in illustration of this assumption was published in our columns at the close of last year (Nov. 11th), which occurred in the practice of Dr. GREEN at Charing-cross Hospital. In this instance the heart's action at the time of the patient's admission is described as having been "somewhat heaving," but no thrill or murmur accompanied its action. The man was ordered fifteen grains of salicin every two hours, which was subsequently altered to half a drachm every four hours on account of the severity of the pain and the persistent elevation of the temperature. On the ninth day of the treatment decided evidence of endocarditis was manifest; on the following day pericardial friction was audible, and two days later the case was further complicated by an attack of pleurisy. This case is valuable as showing that, under some circumstances, salicin fails to reduce the temperature, to control the articular pain, or to prevent the affection of the heart. At the same time, any treatment which, as was lately remarked by one of our correspondents, has the property of subduing the more prominent symptoms in rheumatism, and of keeping them in abeyance until convalescence

is established, must tend materially to diminish the liability to heart disease.

We published in our last issue four cases showing the various effects of salicin in rheumatic fever, one of them an example of rheumatic fever with hyperpyrexia. On the first introduction of the drug, as soon as its antipyretic properties were observed, it was hoped that it might prove especially beneficial under such conditions of excessively high temperature. Several cases are, however, now on record in which salicin and salicylic acid have been fairly tried, and with most unsatisfactory results, recovery, if it occurred, being due to the application of cold, and apparently quite independent of the action of the drug.

Another case, furnished by Dr. HERBERT LILLEY, contains an account of a sequela to a case of rheumatism which, if it be due, as he supposes, to the effects of salicin or salicylic acid, is a matter for serious consideration in prescribing these drugs. Hitherto, however, necrosis of bone does not appear to have complicated cases of rheumatism under this treatment, and it is possible that in Dr. LILLEY's case the necrosis may have been in some measure connected with the strumous habit of the child.

Toxic effects of salicin and salicylic acid in the form of delirium, deafness, tinnitus, are, nevertheless, of common occurrence in the course of the treatment, and it seems probable that in some instances they are due to impurity in the drug—that is to say, to its contamination with carbolic acid,—while in others, and notably in cases where salicin has been employed, to some peculiar susceptibility on the part of the patient. These untoward symptoms disappear at once if the administration be discontinued or suspended for a time.

Dr. MURCHISON, in his communication to the Clinical Society last session on the subject of the treatment of enteric fever by salicylic acid, alluded to the fact that suppression of urine had occurred. In cases of rheumatism treated with salicylates which have come under observation, we believe, the urine has, in the majority, been diminished in quantity during the height of the fever, but has been again secreted in normal amount as defervescence was established, and this without actual suspension of the remedy. It has further been stated by some observers that albuminuria has been caused. Doubtless in many cases albumen may be detected in the urine of rheumatic patients, and it is possible that its presence is in some degree caused by salicylic acid or salicin. It is worthy of note that in twenty-two cases of chronic rheumatism which lately occurred in a metropolitan hospital, of which six were treated with salicylates, temporary albuminuria occurred in four, while of the remaining sixteen albumen was detected only in six.

An objection is now and again raised to the salicylate treatment on the ground that relapses are especially liable to occur, but so far as we are able to form an opinion, this objection applies equally, or very nearly equally, to other methods of treatment, and a reference to thirty-two cases lately under observation shows that a relapse took place in ten cases out of eighteen in which the salicylates were used; that recurrence of the symptoms set in in four out of eight cases under alkalies, and in two out of six cases in which the treatment consisted of a combination of the alkaline and salicylate treatments. One case under alkalies suffered as many as four relapses, while in no case under the other treatments did the pain recur more than twice. Looking to the material at our disposal for a judgment, we incline to the belief that many of the relapses under the salicylate treatment are due to the fact that the medicine has been discontinued too early in the course of the disease.

It would appear, then, that we have in salicin or salicylic acid a remedy which, in many cases of acute rheumatism, with a temperature of 103° Fahr., or thereabout, is productive of most satisfactory results; while in rheumatic fever attended with hyperpyrexia it is apparently inert; that it does not confer an absolute immunity from heart disease; while in the low form of acute, and in chronic, rheumatism its beneficial action is extremely doubtful. Further observations are required for the elucidation, among others, of two points in particular—first, whether the toxic effects, which so frequently occur during the treatment, produce any permanent evil; secondly, what are the indications in any given case of rheumatic fever that the action of salicin or salicylic acid will be beneficial, negative, or deleterious.

WE were surprised to read in *The Times* of Monday last a notice to the effect that there is in course of signature a requisition to Dr. STORRAR, the Chairman of Convocation of the University of London, asking that an extraordinary meeting of that body may be convened for the purpose of considering and discussing certain resolutions, which we print in another column, and for deciding thereupon in such a manner as to Convocation may seem fit.

It is said that the necessity for this extraordinary meeting of Convocation arises from its being desirable that the University should at once take into consideration the question referred to in a proposal (4), and further, that the next ordinary meeting will be fully occupied with the important subjects now before the Annual Committee, and with business remaining over from the meeting held in May. We have strongly supported the rights of Convocation, but confess that we see in these explanations nothing to justify the extraordinary request which is to be made. We would ask, Where is the urgency, such as compelled Convocation to meet in July last in order to make its opinions known to the Senate? It is asserted that the requisition has already received a number of influential signatures, and because we know nothing on this point besides what we have quoted, we write with more freedom in condemnation of what seems to us a decidedly injudicious proceeding on the part of some graduates. We express no opinion as to the questions it is proposed to raise—it is the course of action which we condemn. It is evident, too, that the intention of the requisitionists is to shelve the Annual Committee on the most important subjects which could possibly affect the University. It would seem that the Annual Committee must content itself with smaller matters, and leave to special committees the business of reporting and advising as to whether the whole constitution of the University shall or shall not be overthrown. The proposed appointment of a Committee of Ten reminds us of last year's proposed

Committee of Fifteen, which Convocation refused by an overwhelming majority. We have little more to say on this subject, but wish it to be known both by members of Convocation and of the Senate of the University of London, that those who took active steps in promoting the extraordinary meeting in July last have no part in the present proceedings. Of that meeting all sides admitted the necessity, for it was the only means that Convocation had of declaring its opinion before the meeting of the Senate in October. The vote which was then carried was left in charge of the Annual Committee; and the medical graduates, with graduates of other faculties who supported them, await quietly, though anxiously, the decision of the Senate. What the opinions of those graduates may be on the questions proposed to be discussed it is not for us to say, but we venture to think that the majority would prefer their consideration at an ordinary meeting of Convocation. The movement is most inopportune and uncalled for, and the graduates should hesitate before requesting Dr. STORRAR to summon an extraordinary meeting for the discussion of measures touching the University in its most vital parts at a time when questions raised so recently by one extraordinary meeting remain unsettled. We decline for the present to discuss the merits or demerits of the proposed resolutions, but feel bound to say that it is unfair in the present juncture to hamper, not only the Senate, but the whole University, by a forced discussion of subjects which have no claim of urgency, and which can well await the not far distant ordinary meeting of Convocation.

THE repeated occurrence of fatal and destructive explosions of "fire-damp" in coal mines has long given painful interest to the question: Is it beyond the power of science and ingenuity to devise means by which the calamitous effects of these so-called "accidents" may be minimised, if, indeed, they cannot be prevented? The conditions with which we have to deal may be briefly stated as follows: First, in every part of a coal mine, and especially at the headings of fresh excavations, there is the ever-present danger of a rush of previously pent-up gas through some newly-made boring or fissure. Secondly, there is the lesser, but very grave, risk of slow accumulation of gas in imperfectly ventilated chambers, until the admixture with common air suddenly reaches the point at which the contained atmosphere will be "explosive." In the first instance the peril is instantaneous in its creation; in the second it is insidiously established, and probably not recognised until too late to avert the catastrophe. Three measures have been adopted to prevent "accidents": first, mines are constructed and furnished with certain apparatus, with a view to ventilation; second, a system of frequent inspection is enjoined by law; third, the use of naked lights is prohibited. If these provisions could be effectually carried out, the probabilities of an explosion would be very small. Unfortunately, however, no means have yet been devised by which preventive regulations, which look well enough on paper, can be reduced to practice. Errors of constructive working are made in mines beneath the ground as well as in buildings erected upon its surface; the routine duty of inspection is inadequately or inaptly discharged; and rules designed for the safety of human life are ruthlessly broken by men familiarised with the danger it is sought to avoid. Some link in the chain of preventive processes is defective; the fault is small in itself, but suddenly there occurs a great catastrophe, and lives and property are instantly and irretrievably sacrificed. Is there no more effectual preventive than those which have been adopted and so often fail?

A suggestion has been made to us which we have undertaken to lay before our readers. It is at least worthy of consideration. Anything that may directly or indirectly tend to save life must have peculiar interest for the medical profession, and it may be within the power of those of its members who are brought into close relations with owners and managers of coal-mines to secure for the proposal submitted discussion, and perhaps experiment. It is well known to all who have observed the DAVY lamp in use that the behaviour of the flame indicates the state of the atmosphere within the guaze-chamber: it changes colour, elongates, and finally becomes diffused in proportion as the air is more heavily charged with gas. The chemistry of this familiar fact does not need to be explained here. The phenomenon is mentioned simply to introduce the suggestion. It is briefly this: Let tubes of small calibre be so laid throughout the mine, and advanced into the new workings as they progress, that the atmosphere of every part of the subterranean cavity may be brought under observation in a laboratory at the pit's mouth. It is not worth while to rehearse the details of the scheme—they will suggest themselves to practical men. By connexion with the ordinary pit engine a small exhausting-pump would be constantly at work drawing a current of air through the tubes rising from the several parts of the mine; these continuous currents would, in their course, feed each a distinct chamber containing a flame, the behaviour of which would instantly indicate the condition of the air coming from the particular part of the mine with which it was connected. The apparatus would be arranged for observation in a frame, the several lamps, fed by air from different localities of the pit, being exposed side by side, so that a difference of colour or form would be instantly detected. By means of electrical alarm-bells placed in convenient situations in the mine, the men would be warned to the pit's mouth—where the danger is least, and the chance of escape greatest—the moment any portion of the air in the mine became unduly charged with gas. In the case of a sudden escape of gas if the test-pipes, which might be elastic, were laid well into the head of each working, the accident would be known at the pit's mouth, and might be communicated to every part of the mine by the watchman, immediately on its occurrence. In many, if not nearly all, of the explosions which have occurred, there would have been time to escape, if not to avert the calamity, had the presence of gas in a particular working been instantly known *throughout* the pit. Indeed, it often happens that the outpouring of gas, from some small aperture made by the pick, is comparatively slow, and there would be abundant time to prevent the explosion if measures to extinguish all lights could be immediately taken at a distance from the actual scene of the danger. Under these circumstances the means suggested would seem likely to prevent an untoward event, by drawing the men, with

their lamps and lights, instantly to the mouth of the down-cast shaft.

Whether this proposal is capable of being worked out is a question for practical men. It has not been made public without the preliminary performance of such experiments as justify its submission for the careful thought of those who are alone competent to determine its practicability. The initial objection to be encountered in carrying out the scheme will doubtless be on the ground of expense. It is believed, however, that this would not be nearly as large as may at first sight be anticipated. The calibre of the tubes required would be small, and they need not be costly. The apparatus at the pit's mouth may be simple enough, and the charge of maintaining an official to act as watchman and signalman could scarcely be considered an unreasonable burden when the safety of many lives and of much valuable property is concerned. The security to be gained by this or any other scheme by which the actual state of the atmosphere in every part of the workings may be brought under the instant observation of one official who is in a position to flash the signal of alarm to all in danger, would be very considerable. The existence of such a means of supervision would have the effect of making foremen and inspectors careful lest the failure to report what was in fact already known above-ground should convict them of negligence; while the possibility of an accumulation or sudden escape of gas being reported first from below would act as an incentive to watchfulness on the part of the official in the station at the pit's mouth. Again, the atmosphere in every part of the workings being, so to say, under a perpetual test, the several samples in juxtaposition—defective ventilation in any locality would be readily detected, and might be remedied. Moreover something would be gained as regards the discipline of the mine, by the condition of matters below being known above-ground, and placed under continuous observation. It would not be easy, and there would be little temptation, to treat real danger with indifference when its existence and extent were no longer matters of opinion, but the subjects of precise scrutiny and investigation. We say precise, because all the air-tubes being of the same calibre, and feeding lamp-chambers of equal cubical capacity, containing flames maintained by burners of uniform size under one pressure, the air being drawn through the apparatus by a single pump, the conditions would be identical throughout, and—in juxtaposition with standard lamps supplied with pure air—the comparison would be sufficiently precise to admit of a definite system of inferences, and the compilation of a working code of tests.

The appalling character of the calamity which has recently occurred constitutes more than a sufficient excuse for departing somewhat from the accustomed course of comment in offering this suggestion. The need is so urgent that any measure that seems to hold out a reasonable prospect of greater security, or which may increase the chances of escape, is, at least, entitled to the consideration of those who are responsibly concerned for the protection of lives sometimes perhaps recklessly exposed by the men themselves, but always at the peril of a highly dangerous, though necessary, calling.

AN important Conference of Dentists was held on the 6th ult. in Edinburgh, under the chairmanship of Mr. TOMES, which, if we mistake not, will exercise considerable influence on the future of this branch of the profession in Scotland, and will probably lead to the same result that has already been attained in London—the establishment of a dental hospital in Edinburgh, where the student may learn the surgical and operative department of his art; and a dental examination connected with the Edinburgh College of Surgeons, which will give him a diploma and confer upon him the right to practise and to recover fees.

A carefully-worded series of "draft suggestions" was submitted to the meeting by Dr. J. SMITH, well known as a highly-cultivated practitioner and author, and these were very fully discussed. Dr. SMITH proposed that a conjoint board should be appointed from amongst the examiners of the Royal College of Surgeons of Edinburgh, and the leading dental practitioners to examine in dentistry, the candidates being required to have passed the examination in arts and for the membership of the College. Mr. HEPBURN, with many others, were of opinion that if the cost and the term required for the dental diploma were made too high, the proper dental students would be very few indeed. It further appears that there are now amongst those practising dentistry in Scotland, as elsewhere, some who are simply mechanicians—who bear, that is to say, the same relation to dental surgeons that the optician does to the ophthalmic surgeon. These gentlemen have never had any opportunity of acquiring a general knowledge of medicine and surgery, but are, or may be, from long practice, fairly skilful in performing the ordinary operations of dentistry; and Dr. SMITH seems to think that in a country like Scotland, with a widely-scattered population, such a class will always exist. For these he suggests that a lower qualification might be sufficient, and that a minor dental diploma might be instituted, the title of Dentist being conferred upon them, whilst the term Surgeon-Dentist or Dental Surgeon should be reserved for those who have passed the ordinary College examinations. We venture to think this would be a mistake. In supporting the third resolution, Dr. WALKER pointed out that the mechanical part of the education and the hospital work are really incompatible if carried out at the same time. In the interest of dental students, the Royal College of Surgeons should accept an apprenticeship of three years to the mechanical department previous to the student entering a general or dental hospital. That apprenticeship, if served to a qualified man, should count for one of the three years' curriculum now required for the licentiateship in dental surgery. The student would thus obtain a full mastery of the mechanical department, and obtain facility in the use of the dental instruments, thereby qualifying him to commence his dental hospital practice with success, which is not only theoretical but thoroughly practical. He would also be enabled to give his full and undivided attention to lectures on anatomy, surgery, and medicine at a general hospital, with hospital practice; and should the dental student desire to pass the examination for full membership—which all ought, if possible, to accomplish—these lectures might count for the full membership.

Some hesitation appears to be felt as to whether all who

are now practising dentistry should be granted a diploma. But there can be little doubt as to the mode in which this should be met. The diploma must be given to all who are in *bonâ fide* practice; much useless and unpleasant bickering will be avoided; and though some *mauvaises sujets* may be included, still the feeling that they have become incorporated with a body of gentlemen will tend to prevent any extravagances, and a certain pressure can always be exerted under these conditions that even the most callous will find it impossible to resist.

Whatever may be the result of this movement, there can be no question that it is an advance in the right direction, and that by insisting on a sound preliminary education, and a good theoretical as well as practical knowledge of dentistry, the heads of this branch of surgery will improve their status, and render their position much more secure, both amongst their professional brethren and in the eyes of the public.

THE medical-women question is perennial. It knows no limits; we encounter it at every turn—at the universities and at the examining boards, at medical schools and in hospitals, in periodical literature and in works of fiction. Its obtrusions are never-failing. Its early career forms a black page in the history of the University of Edinburgh, and its influence at the Royal College of Surgeons of England was no less disastrous. At the University of London it has created many and bitter dissensions, and has for a time jeopardised the mutual confidence and good feeling of Convocation and the Senate, hitherto uncheckered. In Parliament, too, it has made its voice heard, and not altogether unsuccessfully. But its appeals to periodical literature, instead of awakening a spirit of conciliation, have usually aroused a feeling of resentment. The article in the July issue of the *Nineteenth Century*, written, from a partisan's point of view, by Mr. STANSFELD, was so exaggerated in argument, and overweighted with prejudice, that it probably alienated more friends than it gained converts. In a more agreeable and insinuating form it has recently cropped up in Mr. CHARLES READE's last novel. But whether this gifted and observant author seriously designed to enlist sympathy with the aspirations of his medical heroine or not we confess that we are unable to determine. RHODA GALE, an intelligent young woman, was bred in America under the care of a mother who "was an idea woman," and whose chief desire seems to have been to develop in her child the faculties of attention, observation, and accuracy. Æsthetics, and especially music, were abominations. "Music extracts what little brains a girl has. Open the piano, you shut the understanding," were the favourite aphorisms of this "idea" parent. A visit to a friend, a walk in the country, a stroll through the streets, were tortured into mnemonic exercises for the poor child. Days or weeks afterwards this little girl, at that time not more than eight years of age, was expected to describe every article of furniture in the room, and the books on the tables, and to repeat the conversation; the kinds of birds in the air, the insects and chrysalids in the hedges, the crops in the field, the flowers and herbs on the banks; the dresses, appearances, countenances, and words of men and women passed in the street. This hazardous experiment, intended to correct "the special blots of the female character," resulted, as it could not fail to do, "in a kind of intellectual gymnast," devoid of many of the best characteristics of woman. From the investigation of objects of natural history she soon turned her thoughts to the problems of medical science. After many conflicts, oppositions, and buffetings, at home, in Zurich, and in Edinburgh, all of which she eventually overcame, she obtained the degree of M.D. in France. Greater troubles than ever were now in store. Some time afterwards she was found by an English gentleman, named HARRINGTON VIZARD, in Leicester-square, poor and starving. Her destitution excited commiseration, and the recital of her struggles awakened the indignation and interest of the impressionable "woman-hater." Henceforth her condition is happier. She is taken to Vizard Court, established as doctress to the village, where for the first time in her life, perhaps, she develops the gentler feminine qualities. Associated with the generous and amiable VIZARD, her character is softened and refined, and she turns her training and intelligence to account in improving the condition of the cottages, indulges at leisure in harmless theories respecting the injurious effects of cherry-stones on the gastro-intestinal tracts of country lads, and elaborates a "cure by esculents." As a doctress she does not distinguish herself, but in nursing, for which a rare opportunity is presented to her, she certainly excels. Such is briefly the history of RHODA GALE. Those who wish to follow all the turns and changes of her eventful life must go to the fountain-head.

If it were not for the fact that Mr. CHARLES READE, in the latter portion of his work, devotes many pages to a discussion of the legal disabilities of women, we should have imagined that he intended to show that women, though eminently fitted for the important duties of nursing, are not capable of battling with all the exigencies of medical practice, and we could have commended the manner in which he has performed his task. But when he propounds his plan of medical reform he is not happy. Believing that women have been outlawed from the medical profession by a clique who have used "certificates of attendance on lectures" and "public examinations" as engines of outlawry, Mr. CHARLES READE seriously proposes to abolish these precautionary measures. But in contending that stiff, searching, sufficient, and incorruptible public examinations obviate the necessity of attendance on lectures, he seems to ignore a fact of common observation, that no system of examination that has hitherto been devised can be relied on to test adequately practical training and skill, or even competence, in a candidate for a medical or surgical qualification. The belief is rapidly gaining that in all departments of knowledge examinations are, under the most favourable circumstances, mere tests of memory, and that, besides encouraging the pernicious practice of "cramming," they are apt to induce superficiality, and a show of knowledge, as distinguished from thoroughness and depth. Book-knowledge unaided and unassisted by other forms of instruction, will avail but little at the bedside, or in the theatre, and until the conditions of social and intellectual existence are ameliorated attendance on lectures and practical instruction must be compulsory.

With an inconsistency not uncommon in partisans, Mr. CHARLES READE, in claiming the right of women to study and practise medicine, denies to others the liberty to entertain any conscientious scruples respecting the propriety of these innovations, and would *compel* lecturers to instruct mixed classes, or to give separate lectures to women for half fees. The charming simplicity and *naïveté* of this proposal condone its violence and its bigotry. One man may lead a horse to water, but fifty men cannot make him drink.

Annotations.

"Ne quid nimis."

THE PENGE CONVICTS.

SUBSTANTIAL, if not technical, justice has been done by the decision of the Home Secretary in the case of the Penge convicts—at least, the three remitted to penal servitude. We confess, the grounds upon which a free pardon has been granted to Alice Rhodes, who was certainly privy to the neglect and maltreatment of Harriet Staunton, if, indeed, she did not participate in the actual crime, are not apparent. It may be, as alleged, that the evidence necessary to bring guilt home to her has been deemed inconclusive. Upon this conjecture we make no comment beyond the general remark that if the testimony given at the trial was not sufficient for the punishment of all, we fail to see how it could have been strong or clear enough to sustain the conviction of any of the prisoners. Probably the amended sentence—for such it is—which the Home Secretary and his advisers, sitting as a Court of Error, have now passed upon the convicts will be reconsidered after a respectable interval has elapsed, and the case forgotten by the public, as it well may be. Unhappily, however, we fear the whole business, from first to last, will long be remembered with much regret as a signal judicial and medico-forensic *fiasco*.

THE PREVALENCE OF RABIES AND GLANDERS.

A TIMELY article in the *Veterinary Journal* calls attention to the alarming prevalence of the two animal plagues which are communicable to man, and thus communicated are invariably fatal—glanders and rabies. Regarding the latter, the writer of the article, Mr. Fleming, repeats the warnings which we have often given, and which he was indeed, as he shows, the first to utter, having foretold the present outbreak as long ago as 1872. He was guided by the increase in the disease, which was then evident, and the certainty, from the absence of any efficient means for its restriction, that it would continue to spread. He called then especial attention to the ignorance with regard to its nature, the symptoms which precede its most violent stage, and the almost total absence of efficient veterinary police measures to suppress it. All that he says on these subjects is as true now as it was then, except that the disease is far more prevalent, and is apparently spreading at a rapid rate. Case after case is reported almost daily, and each with circumstances of increased horror. Now it is a dog which springs over a garden wall and bites a child at play; now a man is mangled on the high road after a terrible struggle. And this increasing horror is a necessary accompaniment of the increased number of rabid animals, and must go on, unless the culpable indifference—we had almost said the disgraceful apathy—of the Government officials is exchanged for some more energetic measures. The Home Secretary is reported to have announced his opinion, only a few days ago, that the present measures properly enforced were sufficient for all purposes. What can be more clear that the present regulations are not enforced, have not been, and apparently will not be enforced by the local authorities? There is no efficient mechanism for their enforcement. The present regulations have permitted the disease to reach its epidemic form, and it is now apparently beyond their control; and, unless something more is done, there is danger that a frightful increase will occur, and may possibly rouse the Home Secretary to think that some other measures are necessary. The death, or grave illness, of a royal prince from typhoid fever rouses the Government to permit the establishment of a sanitary organisation; but princes do not come in the way of hydrophobia, and nothing need be done. *The Veterinary Department of the Privy Council does not recognise the existence of rabies.*

The dangers accruing from the prevalence of glanders are less obtrusive, but not less real, and are not only to be ascribed to the absence of any organised veterinary police, but also to the fact that there are no proper laws for its suppression. The detection of the disease is left to the police! And the police have no power of entry into stables, even although they are aware of its existence in them. It is certain that glandered horses are constantly worked in London cabs by night. A veterinary surgeon, not long ago, volunteered to show Mr. Fleming at least thirty cases of glanders within a very small district in London. It is transmitted to those in attendance on the horses, and those who ride in Hansom cabs are certainly exposed; in dangerous degree, to the infection. It is not necessary for us to remind our readers that, when once acquired, it is almost invariably fatal. To the reality of the danger our own columns have lately testified.

BRISTOL MEDICAL SCHOOL.

THE inaugural address which Dean Stanley delivered on Saturday last at the Victoria Rooms, Clifton, in connexion with the opening of the second session of the University College, Bristol, apart from its intrinsic worth, serves to direct closer attention to the present state of the medical school in that city. We announced last week that a request was recently made to the Council of the Royal College of Surgeons of England to inquire into the mode of instruction and the tutorial efficiency of the Bristol Medical School, but the Council have declined to interfere in consequence of the present transitional state of the school, which, since the demand for the investigation was made, has become a department of the newly-established University College.

It may not be generally known that there are two institutions in connexion with the medical school, the Royal Infirmary and the General Hospital, and that while the lecturers are chosen from the staffs of both these institutions, students enter for clinical work at either, according to choice. Each of the chief lectureships, Anatomy, Physiology, Medicine, and Surgery, is shared by a lecturer from each institution; but it so happens that all the single lectureships, Midwifery, Medical Jurisprudence, Materia Medica, and Pathological Anatomy, are at present in the hands of members of the Hospital staff. It is alleged that the application to the Royal College of Surgeons emanated from some of the members of the Infirmary staff, in consequence of a disagreement respecting the distribution of fees. Be this as it may, the matter soon seemed to resolve itself into a contest of the infirmary against the hospital, but on what grounds we have not been able clearly to ascertain. Latterly complaints were made concerning the large number of rejections of the Bristol students at the Primary Examinations of the Royal College of Surgeons. The returns of the

College of Surgeons for the last two years show a large percentage of rejections of the Bristol students at the Primary Examination. In 1875–76 the rejections were 88·8 per cent. for 9 candidates, and in 1876–77 they were 65·17 per cent. for 23 candidates. In 1873–74, on the other hand, there were only 25 per cent. of rejections for 8 candidates, and in 1874–75, 31·25 per cent. for 16 candidates. How can these wide differences be accounted for?

Since the very high percentage of rejections, as shown by the College of Surgeons' returns, is only of two years' standing, it becomes imperative for the faculty of the school to endeavour to discover the causes of this falling off, and if possible to rectify them. Does the fault lie with the students or with the teachers, or are both to blame? Is the discipline bad, or not sufficiently enforced, or are the general provisions and arrangements made for the training and education of the students inadequate? These are questions which cannot be shirked, and, as the existence of the school is at stake, the faculty would do well to set about the inquiry in impartial and unselfish earnestness. Something has, we are happy to state, already been done by way of amendment. A demonstrator of anatomy and medical tutor has been appointed to teach practical anatomy and physiology. But this alone will not suffice. The evil does not lie on the surface. Many of the lecturers and teachers at the Bristol School are of acknowledged reputation, and some may be said to have attained distinction. It is, therefore, to be feared that proper discipline and supervision have not been regularly insisted upon, and the students have been allowed to decide for themselves how they should work and when. It has been stated, for instance, that first year's students are allowed to hold clinical posts at the Infirmary. If this be so, we have a ready explanation of some of the failures at the examinations in anatomy and physiology. It is simply impossible for any student to do justice to the study of anatomy, physiology, and chemistry, if he is distracted by clinical work. If report may be trusted, a rule exists at the Hospital, and is enforced, forbidding students to hold clinical posts during the first winter session.

For many reasons, it is to be hoped that the prospects of the Bristol Medical School will at once begin to show signs of improvement. The school may receive an impetus by becoming associated with University College, which was begun last year under very favourable auspices, and which holds out the promise of great things to the youths of the west country. The faculty of the medical school cannot afford to forget that they are now on their trial. If they rouse into activity the elements of reform, they need not fear investigation; but if they are unable to accomplish this, the interests of the profession and the public alike demand that the school should no longer be entrusted with the training and education of medical practitioners.

"STARVING NOBILITY."

THE death of the "Comte de Lally Pollendal" from want, exposure, and, in fact, starvation, has supplied the press generally with the materials for commentaries on the vicissitudes of great houses; but this unfortunate incident is of greater importance as demonstrating the need of more stringent sanitary supervision in the parish of St. James. We have visited the last refuge of the count, whose great-grandfather was, it has, in turn, been alleged and contradicted, Governor of Pondicherry, and distinguished himself at Fontenoy. A poor old German tailor, too blind to work for shops, met the count at the offices of the French Benevolent Society, and invited him to his wretched home in Dean-street, Soho, a dirty back kitchen, under the level of the street. The top of the window, which scarcely reached the flags of the back yard, admits but little light and no air, for apparently it has remained hermetically closed for months. Every ledge is covered with a thick layer of black dust, and there is an inexpressible smell of closeness that would repel most visitors. Here, however, the tailor lives, works, and sleeps. His kitchen leads on to a little room, which was meant either for a coal-cellar or a scullery. It measures 6 ft. 8 in. by 6 ft., and in this nook the old tailor has placed a filthy little bed, where he kindly allowed the count to rest himself, and had the modesty not to charge anything for this wretched couch. The walls are reeking with wet, and immediately above there are the yard, the watercloset, and two drains, one communicating with the water-spout and roof of the house, and the other with the water-butt, and both so contrived as to allow a large portion of the water to escape, percolate through the ground, and attack the walls of the tailor's dwelling beneath. This man is a subtenant of a washerwoman, who occupies the two ground-floor rooms and the front underground kitchen, where she does part of her washing. Formerly there lived a widow and five children in the one back room now inhabited by the tailor. The rent paid for these two underground kitchens and the two rooms on the ground-floor amounts to the enormous sum of sixteen shillings a week. Assuredly it was the duty of the sanitary authorities to see that human beings should not live like rabbits underground, and some pressure might fairly be brought to bear on landlords in receipt of £41 annual rent for a ground-floor and cellars in a small and old house. The present and new landlord has, however, shown, it appears, some disposition to improve his rickety property. There has been some whitewashing of walls—indications, in fact, of a consciousness that all is not as it should be. The present, therefore, is a favourable opportunity. The "count's" melancholy death may serve as a pretext to insist on improvement of a more radical nature; and we would urge that the use of underground tenements as sleeping rooms should be expressly forbidden.

THE GLASGOW MATERNITY HOSPITAL CASE.

THE good people of Glasgow have for the last few months been disturbed by what was known as the "Maternity Hospital Case." The case in its final form consisted of charges against James Stevenson, student of medicine, Sarah M'Kay or Warden, matron of the Maternity Hospital, and Sarah Ann Welsh, a nurse in the Royal Infirmary, of "culpable homicide, culpable and reckless violation, and neglect of duty (the accused being persons entrusted with the care of patients in a public hospital), whereby the lives of such patients were imperilled or their persons injured, cruel and barbarous treatment of a patient in a public hospital, and wickedly and feloniously using threatening and intimidating language to and expelling such patient while in a weak state of health, to the serious injury of the health of such patient." In its first form the case involved a similar charge against Dr. Tannahill, who has been physician to the hospital for twelve years, and a further charge against Mr. Stevenson of violating the Anatomy Act. But the Procurator Fiscal, on second thoughts, resolved not to press the charge against Dr. Tannahill, and to abandon the charge under the Anatomy Act against Mr. Stevenson. He probably regrets now that he did not still further attenuate the charges against the officials of the Maternity Hospital. These officials, however, have great reason to be thankful that he did not, and they are indebted to the Procurator Fiscal for one of the most complete vindications of their official conduct, and even of their personal kindness, which could have been evoked. The indictment, even in its modified form, sounds seriously. Such a number of strong adjec-

tives and equally strong nouns is seldom seen concentrated in one charge. The result of the trial and of ten minutes' consideration of the facts by the jury was to find all the prisoners "Not Guilty," and to send them forth "without a stain on their character." And any other conclusion on the evidence was simply impossible. Flora McAdams was an unmarried girl, and had twice before been confined in the hospital. Her two previous children were dead. On this occasion she was confined on the 5th of June, at 9.30 A.M., in the hospital. She progressed favourably, and had plenty of milk in her breasts. On the evening of the 6th the child had begun to suck. It was "a typical child, very healthy, strong, and well developed." In the morning it was found "black in colour" and dead. There had been several recent cases of overlaid infants, and Dr. Tannahill before the mother, expressed his intention of ascertaining the cause of death, whereupon she became sullen, and refused to answer questions. On the Saturday she rose, dressed, and went into the convalescent room. She also went into another room where her baby was, which had been the subject of a post-mortem examination. For this behaviour the matron remonstrated with her, and also for acts of rudeness to Mr. Stevenson and other officials. The result was that she became disagreeable, and the matron said she had better leave the hospital, and for this purpose sent for a cab to take her to the poor-house, unless she wished to go to a private address. When the cab came she refused to get into it, but walked to the police-station, and said her child had had no food from the time of its birth, whereupon a detective officer was sent to the hospital, and the case, under the influence of certain of the local newspapers, took a highly sensational form. Our readers will have their own opinion, and we venture to say it will be entirely in accordance with that of the jury, and of Dr. Foulis, who made the post-mortem, and came to the conclusion that death was caused by obstruction to the respiration. It would clearly have been well, abstractly, for the woman to have remained a few days longer in the hospital. But considering her conduct, her state of irritation made removal in a cab excusable if not right.

RUPTURE OF MEMBRANES IN LABOUR.

THE classical accounts of natural labour lead us to think of the membranes as possessed of a sort of intelligence and consideration—keeping themselves intact until the completion of the dilatation of the os uteri, and then, just at the nick of time, rupturing. There are few points on which the text-books are more agreed than in recommending obstetricians to refrain from rupturing the membranes, at least until this stage is reached; and perhaps, as a general rule, at any rate in first labours, the recommendation is a good one. At the same time, it must be allowed that practical accoucheurs do not always act upon it. One of these, Mr. Plaister, in his interesting and almost too short analysis of 800 consecutive midwifery cases, is outspoken in his violation of it. He says: "I have never found any ill effects from rupturing the membranes when the os is the size of a shilling, but find that the child's head forms a better wedge than the bag of liquor amnii. I cannot recall any instance where there has been any retarding of labour through this procedure." It certainly does seem as if in many cases a good deal of uterine force is uselessly expended in the effort to rupture the membranes; this accomplished, naturally or artificially, the labour goes on more quickly, and is soon and satisfactorily over. Dr. Matthews Duncan, in his book on the Mechanism of Natural and Morbid Parturition, has given experiments which go to show that the pressure necessary to rupture the membranes is about as great as that required to expel the child. It seems reasonable to suppose that, if less force is expended in rupturing the membranes, there will be more in reserve to expel the child. Not only so. The membranes often seem so over-distended as to prevent the action and contraction of the uterus. The force with which, on being broken, the waters are expelled is enormous, and the increased expulsive effect on the child of the pains immediately succeeding is often very apparent. At any rate, it is certain that the accoucheur can often give the most valuable contribution to shortening a labour by the simple expedient of rupturing the membranes. We are not prepared to go so far as Mr. Plaister, and advise rupturing them when the os is only the size of a shilling; but undoubtedly there is reason for some reconsideration of the rule that forbids this procedure till the os is fully dilated.

POISON IN THE BAKER'S OVEN.

THE good service sanitary associations are able to render has been conclusively demonstrated by a recent and startling incident. We have before us the minute details concerning the symptoms &c. suffered by no less than sixty-six persons living in the neighbourhood of the Parc Monceau, Paris, and who were all under the influence of lead poisoning. These cases occurred almost simultaneously. They came under the care of Dr. Ducamp; and there were probably many more persons who were affected in a similar manner, but who sought the advice of some other practitioner. Impressed with the importance of this epidemic, Dr. Ducamp obtained the assistance of Prof. Gubler and Dr. Moutard-Martin. These gentlemen visited some of the patients and confirmed the presence of lead poison. A long investigation was then undertaken as to the cause of so many disasters. The water supplied was first inspected, but was found unimpeachable. The patients' wine came from various sources, and the groceries came from as many shops as there were families afflicted. It was discovered, however, that, with two exceptions, all the patients had bought their bread from the same baker. Further, these two exceptions served to confirm the rule, for, after many inquiries, it was related that the patients had dined at an eating-house, and there unwittingly consumed bread bought from the suspected baker. Dr. Ducamp then called on all his clients who were not ill, and found that, without exception, none of them purchased their bread from the baker in question. That the bread was the source of the epidemic was thus clearly established, and it was now necessary to inquire how the poison had been introduced into this all-important article of food. Had the baker attempted to whiten his bread by mixing acetate of lead with the flour? This could hardly be the case, or he would not have eaten so much of his own bread. Indeed, the baker and his assistants were more severely poisoned than the majority of their customers. Another discovery was now made. It appeared that the crust alone contained the poison, for a lady who ate all the crust, and gave her servant all the crumb, had been severely ill, while the servant did not suffer at all. This led to an examination of the stove, and the places that would come in contact with the outside of the bread, and it was then finally revealed that the baker burnt wood brought from the old houses which have been recently destroyed to make room for the new Avenue de l'Opéra. This wood had constituted the wainscoating, &c., of the old houses, and was covered with several layers of paint. It was dry and crisp, and burnt admirably in the oven. It was much cheaper than the ordinary wood employed, but the heat converted the paint into pulverised oxide of lead, which naturally adhered to the moist surface of the loaves. The men who brushed these loaves were the first to suffer, for they inhaled a part of the lead detached by this operation, and

then all who ate the crust experienced, with more or less intensity, the agonies of "painter's colic." Fortunately, once these facts clearly established, the Société de Médecine Publique, whose formation we welcomed some months ago, took the whole matter into their hands. They published an elaborate report of the entire case, they appealed to the authorities, and in answer to these solicitations, a regulation has been issued by the Prefecture of Police forbidding bakers to heat their ovens with wood derived from old houses. Thus the energetic action of the Society has saved Paris from the possible recurrence of a similar accident, and given publicity to facts which may serve as a general warning against the dangers besetting even our daily bread.

RECLAMATION OF WOMEN DRUNKARDS.

ON Monday, under the presidency of the Lord Mayor, a meeting was held at the Mansion House to promote the establishment of industrial homes for the reformation of women who are habitual drunkards. The Lord Mayor expressed the pleasure it gave him to be identified with such a movement. Dr. Alfred Carpenter, of Croydon, was the principal speaker. He spoke to the following resolution:—"That experience, confirmed by statistics, proves that 80 per cent. of the committals to our prisons arise, directly or indirectly, from that cause (alcohol), and, further, that a large proportion of the inmates of our lunatic asylums lost their minds from the excessive use of stimulants." Dr. Carpenter said he had made inquiries at the Portland convict establishment and found that no less than 80 per cent. of all the persons there owed their position to the influence of alcohol-drinking. Lunacy, especially among women, had very largely increased, due to the same terrible cause; and, notwithstanding these palpable facts, the Legislature would not interfere. We are always sceptical about the significance of statistics, particularly those collected with a view to establish supposed relations of cause and effect, and especially in connexion with the alleged causes of insanity. But the element of personal inquiry here, by an observer like Dr. Carpenter, is important. It must be confessed that a little common observation is enough to show the enormous amount of drinking among women which goes on. Besides this there are some simple facts which are appalling. It was stated at the Mansion House that during 1876 no less than 5588 women were committed for drunkenness to Westminster prison alone—an increase of 708 in the year, and of 3074 in the last six years. A few days ago, at the Clerkenwell Police-court, a case came up in which the husband had paid £200 in fines for his wife on convictions for drunkenness. Mr. J. M. Weylland, before the Lords' Committee in June, said he was in a bar a few days before, in a part of London, at 10 in the morning, and there were eighteen or twenty wives of respectable men dram-drinking. Sir William Gull, in his recent evidence, hesitated to say that among women of the upper classes there was an increase in drinking. As he indicated, there is often an extreme temperance in these classes. But taking society throughout, common, to say nothing of medical, observation shows the frequency of drinking among women. And the difficulty with which it is cured is notorious. But it can be cured, and we wish well to those who are commencing this experiment. The House of Commons, under the lead in this matter of Mr. Cross, has a special responsibility. But it readily satisfies itself that it can do little or nothing. It must be taught by experiments like that initiated at the Mansion House. If cures can be shown under proper treatment to be numerous, then some power of compulsion may fairly be demanded of the Legislature by men who have to pay hundreds to publicans for their wives' drunkenness, to say nothing of what they have to pay into police-courts in the shape of fines. We are not unmindful of the drunkenness of men, or that what is good for the goose cannot be bad for the gander; but the Mansion House meeting contemplated simply the benefit of women, and we are speaking with reference to it. One word to Mr. Morley, who charged the medical profession with having been the cause of very much mischief. This is not a subject for mutual recriminations. The medical profession might retort with equal severity on employers of labour, and charge them with occasioning among their *employés* much of the languor and exhaustion which lead to the use of stimulants. But what would be the good of that? We will answer for it that the medical profession, while refusing to be fanatical, is in earnest, and will make for temperance in the use of its great and responsible influence.

SCHOOL BOARD EDUCATION.

WE have repeatedly and strongly urged the need of better attention to the physical health of the children "pressed" for education into the Board Schools. It may before long be necessary to raise a warning voice on behalf of their sanity if the passion for "improving" is not restrained. They are now instructed in drawing, and to complete the folly their productions are exhibited. Who the teachers may be we will not inquire; the criticisms passed by competent judges upon the work of the educated gutter children are not complimentary, at least, to the masters of art who preside over their training. It is, in fact, suggested that the major part of the knowledge gained might with advantage be sacrificed. If the Privy Council, and officials of all ranks acting under the supervision of that authority, could be induced to bestow more attention on the health of the little bodies, and less on the hot-bed cultivation of the little minds, they have taken under their patronage, the result would be more satisfactory from a sanitary point of view—and in a social sense, for then we might hope to find a few working-men and domestic servants in the rising generation of bread-winners. Under the existing policy it would seem likely that the boys may blossom into couriers and artists, while the girls affect millinery or "the telegraph."

THE GOLDEN-SQUARE HOSPITAL.

NOTHING fresh has transpired respecting this hospital. The report of the Committee of Inquiry is still withheld, and it has not been announced that the members of the medical and surgical staff have decided to take any steps towards the investigation of the charges that have been made against the medical superintendent. Even Dr. Mackenzie himself maintains strict silence; he does not take the trouble to deny the allegations against him. It is clear that the matter cannot rest where it is. Silence, if too long preserved, will be regarded as tantamount to admission. The public and the profession are alike interested and concerned, and both await an explanation and have a right to insist on it. The charges which have been made not only reflect unfavourably on the general management of the hospital, but imply a neglect of proper medical duty. It is foolish to imagine that such imputations can be for ever disregarded or passed contemptuously by.

We would again remind the medical officers to the Throat Hospital, Golden-square, that a serious responsibility rests upon them. It is incumbent upon them either to admit or disprove the charges that have been made. If they neglect this they must be prepared to accept the consequences of their inaction. Meanwhile, it may be well to point out to Dr. Mackenzie that the readiest way of quashing unfounded charges is to produce the evidence on which they

are supposed to be based. Let him publish the report of the short-hand writer, said to have been present at the inquiry on his and the hospital's behalf, that the profession and the public may judge. If he thinks the first committee was partial and unfair, let him, for the honour of the profession of which he is a distinguished member, ask for another on which he can depend for a full, open, and free inquiry.

GLASGOW AND ABERDEEN MEDICAL GRADUATES' DINNER.

THE medical graduates of Glasgow and Aberdeen held their second annual dinner at the Pall-mall Restaurant on Thursday, Oct. 25th. The chair was taken by Dr. Allen Thomson, who was supported in the vice-chair by Dr. Andrew Clark. Amongst the guests was Professor Lister, Dr. Matthews Duncan being present in his capacity of an *alumnus* of Aberdeen. The meeting, which was a large and very social one, was made especially interesting by the *réunion* of Dr. Allen Thomson, Professor Lister, and Dr. Matthews Duncan, who, having been at one time or another associated as colleagues and profesors in the different Scotch universities, found themselves almost coincidently settlers in the metropolis, and met for the first time at the annual gathering of Glasgow and Aberdeen medical graduates. The toast of "The Guests" was associated with the name of Professor Lister, who, in responding, acknowledged in singularly happy terms the cordial welcome he had met with in London, and the pleasure which he experienced in being present on the occasion. Dr. Aveling, in the name of his fellow graduates of Aberdeen, as well as in that of the graduates of Glasgow, congratulated Dr. Matthews Duncan on his recent migration to the metropolis. In proposing the health of the chairman, Dr. Andrew Clark most gracefully and eloquently expressed his own deep sense of gratitude for the instruction of his former teacher. Looking back, he said, over the thirty years which had elapsed, he felt that Dr. Allen Thomson was, in the highest sense, a most successful teacher—successful because sincere and thorough. He also said that the quiet geniality with which the chairman had presided had made the evening most enjoyable to all present.

BIOGRAPHY EXTRAORDINARY.

IF Sir James Paget should have the ill-fortune to see the miserable biographical sketch in this month's *London Society* he will have occasion to cry "Save me from my friends." To say that the author has utterly failed to portray the characteristics of this surgeon, and to describe the progress of his career, would be to use a very mild expression. In the opening paragraph he clumsily and incorrectly ascribes Sir James Paget's professional success to an accident,—"a single memorable incident," he calls it. Some years ago her Royal Highness the Princess of Wales had the misfortune to be afflicted with disease of the knee-joint, and it was Sir James Paget's duty to act as her surgical attendant. "This incident set the seal of fashion upon science," and "everybody who had, or fancied they had, anything unusual about their knees naturally wished to be like the Princess of Wales and wished to consult Sir James. Many of her Majesty's lieges even paid the homage of imitative hypocrisy and got up the 'Alexandra limp,' which quite superseded the previous fashionable contortions of the 'Grecian bend.'" Such, in the estimation of this biographer, is the way by which the name of one of the most scientific surgeons of our time "became best known to the public." Not content with this, he endeavours to trace the difference between Sir James Paget and the late Sir William Fergusson, and in so doing he insults the memory of Sir William, and even alleges that "Sir William Fergusson was a great surgeon, and there he passed. He contributed little to the advancement of his profession, little to the advancement of his art." As a matter of truth, the valuable works which he has left behind, the army of distinguished pupils now engaged in the successful practice of their profession and in the dissemination of surgical knowledge and the advancement of the surgical art in the medical schools and hospitals of this country and abroad, are the best sureties of Sir William Fergusson's high reputation. In this sketch we have a long discussion about the history and traditions of St. Bartholomew's Hospital, and a foolish story, on the strength of which the author wishes to accredit Dr. Paget, of Cambridge, with the gift of prophecy; but there is not a trace of analysis of Sir James's qualities, personal or professional.

Sir James Paget, by his rare abilities and persevering industry, has reached a proud position in his profession. His merits have raised him to eminence, and his personal qualities have commanded universal respect. Those who know him best, award him most praise, but not the indiscriminate laudation which the writer in *London Society* parades.

FEVER CARRIAGES.

A VERY useful and instructive report on the fever carriages of the metropolis, and on the removal of persons suffering from infectious diseases, has recently been published from the pen of Dr. James Stevenson, medical officer of health for Paddington. The existing arrangements as regards these vehicles are, as is remarked, very unsatisfactory. Some parishes have one vehicle only, which is used indiscriminately for small-pox and fever cases. Some few have two vehicles. Hackney, Lambeth, and Wandsworth have each three vehicles, and St. Saviour's has four, their use being determined by the prevailing epidemic. Cabs, covered vans, and broughams, are all used as fever carriages. St. George's is the only general hospital that has a fever carriage of its own, but there are several attached to the London Fever Hospital at Islington, which can be hired by the public at any time at a small mileage charge. The disinfection and housing of these carriages are arranged in a very promiscuous and imperfect manner. Some are disinfected after every journey, some once a month, and others not at all. Dr. Stevenson shows pretty clearly that the existing arrangements are improvident, insanitary, and inconvenient. He advocates as to these vehicles a system of concentration, and recommends that the managers of the Metropolitan Asylum Board hospitals should supply the conveyance necessary for the removal of patients, and that a trained and paid nurse should be sent with the carriage whenever it is used, to superintend and assist the friends in the removal of patients. These carriages might be telegraphed for as occasion required, the expenses could be minimised, and the various risks of conveying infection that obtain under the present system would be very materially lessened.

THE DIURETIC ACTION OF AERATED DRINKS.

AT the meeting of German naturalists and physicians, held recently at Hamburg, Prof. Quincke gave the details of a series of experiments he had made upon the amount of urine eliminated in the morning after awakening, in a healthy person taking the same quantity of food and drink at the same hours, but on alternate days consuming water charged with, and water free from, carbonic acid gas. The drinking of the former was found to increase the discharge of urine in the course of three hours from 7 to 21 per cent. The most probable cause of this increase appeared to be that

carbonic acid gas promotes absorption. Other experiments, in which the subjects drank no water at all, on waking showed that the urine secreted during the morning was lighter and cleaner than the night urine, and there can be no doubt that during sleep the secretion of urine is greatly diminished, whilst it becomes very active during the earlier hours of the day.

PHYSIOLOGY AT THE COLLEGE OF SURGEONS.

A MEMORIAL has just been submitted to the President of the Royal College of Surgeons relating to the examinations for the Fellowship and Membership of the College in physiology and histology. The memorial is signed by the physiological teachers of all the larger London schools, including Guy's, Bartholomew's, St. Thomas's, University College, &c. It is also signed by Dr. Sharpey, Prof. Huxley, Prof. Allen Thomson, Prof. Michael Foster, Prof. Rutherford, and Prof. Gamgee. It is suggested that separate examiners should be appointed for physiology, who, whether Fellows of the College or not, should be selected with special reference to their knowledge of the subject on which they are to examine. The memorialists recognise that the examination for the Membership must necessarily be elementary, but for this very reason they think it the more important that the knowledge required of the candidate should be genuine and thorough. In order to secure this result the conduct of the examinations should be confided to persons who, by their writings or otherwise, are known to be themselves familiar with the subject.

THE TREASURERSHIP OF ST. THOMAS'S HOSPITAL.

AT a General Court of Governors of St. Thomas's Hospital, held on Wednesday last, the recommendation of the Grand Committee that a paid treasurer should be appointed was rejected. This vote implies that City influence has been too strong for the advocates of reform. The other recommendations of the Grand Committee, that a House Committee should be appointed to act with and control the action of the treasurer, and that the latter should be resident, were adopted. We have fully discussed the position of the treasurer and the reforms which seem to be needed in the office. It may be that the method adopted will combine the perpetuation of the old system with a reform in its working, and we trust that such will be the case.

THE GROCER'S LICENCE.

WHILE the subject of "Intemperance" was under discussion by the Church Congress recently assembled at Croydon, the Rev. Canon Duckworth bore powerful testimony to the mischief arising from the peculiar facilities offered for secret drinking among women by the trade carried on under the grocer's licence. The Rev. R. C. Billing strengthened the argument against this pernicious traffic, affirming that, "with regard to the evil done by grocers' licences, there might be difficulty in getting evidence, because the lips of the clergymen were sealed; but he could tell of a score of cases within his own knowledge in which not only women, but men, had been made drunkards by drink surreptitiously obtained under the shade of grocers' licences." The encouragement which this trade holds out to the worst forms of intemperance is so apparent that we venture to think the special subject of these licences should be brought under the consideration of the Legislature as a separate question when Parliament reassembles. It is useless to cherish the hope that any large amount of evidence can be obtained by a Commission. The lips of medical practitioners are, so far, sealed, that it must be manifestly impossible to detail "cases." The profession can only speak generally to the facts, and this it has done in the terms of THE LANCET protest with overwhelming energy.

THE ROYAL NATIONAL HOSPITAL AT VENTNOR.

THIS institution seems to be thriving, as it deserves to be. The patients now in the hospital are 102, six more than the intended maximum. According to the *Isle of Wight Advertiser* it is in contemplation to increase the accommodation, so that 150 may be admitted. We hope, in carrying out this desirable change, care will be taken to adhere to the original plan of separate sleeping-rooms for the inmates. One other point seems suggested by the contemplated development of the hospital—viz., an enlargement of the medical staff. One physician could scarcely do justice to 150 patients, and should not be expected to do the whole work. He would almost inevitably get into ruts, and the great field of observation would be very imperfectly utilised.

SUICIDE BY PEDESTRIANISM.

THERE are several ways of attempting suicide. The undertaking, alike absurd and peculiar, now being carried out at the Agricultural Hall by Gale is one of them, and cannot be too soon or too strongly denounced. It is not pedestrianism so much as interference with the demand for sleep, which is just as imperative as the demand for food. If a man deliberately set himself to abstain from food for six weeks, the law would soon let him know that he is not to do so. Why should the law act differently when a man shows his insanity by perilously abstaining from rest? Such feats are not entitled to be regarded with any respect. We should be glad to hear that Mr. Cross had given notice to all concerned that in the event of any serious results they would be held responsible. It is with great regret we find a member of our profession according the sanction of his presence and support to the proceedings.

HOSPITAL SUNDAY IN BIRMINGHAM.

IN Birmingham the Sunday collections this year were for the General Hospital, the oldest and the largest of the medical institutions of the town. The sum collected last Sunday in the various churches and chapels amounts, so far as the present returns have been made out, to nearly £4600, but as the collections were in some places of worship deferred for various reasons, there is little doubt that the total will not fall far below the usual average of £5000.

THE REGISTRATION OF MEDICAL STUDENTS.

WE are informed that in future medical students will not be under the necessity of registering at three separate offices. The Society of Apothecaries, this session, relinquished the undertaking; and the Royal College of Surgeons of England will not again trouble the student. The duty now will devolve solely on the three Branch Medical Council offices.

THE HEALTH OF THE POPE.

DR. CECCARELLI has permanently taken up his abode at the Vatican, so as to be near the Pontiff, whose condition is such that his "secret surgeon" has to visit him three, and occasionally four, times a day. The general health is now so enfeebled that the power of sitting upright in a chair is wellnigh gone. If the Pope, for example, leans back, his body falls towards the right; and, to obviate this, the arm of the chair has been elevated twenty centimetres, and furnished with a kind of crutch, on which he supports his right arm when he wishes to raise his chest. Dr. Cocca-

relli does not consider the Pope's health as alarming, but he is anxious to have the issues in both legs re-established with more salutary effect. Meanwhile the intellect and the spirits maintain their characteristic lucidity and flow.

LOCAL GOVERNMENT BOARD inquiries have been held lately at Wigan and Billinge by Mr. Harrison, C.E. In the former town the inquiry dealt with an application by the Town Council for the suspension for two years of the provisions of the Rivers' Pollution Prevention Act so far as regards the sewage of the town, which at present is turned into the river Douglas. At Billinge evidence was taken in favour of providing the place with an improved water-supply and a better system of sewerage. The medical officer stated that during the past few years several epidemics had occurred in the district, which he attributed to the impure nature of the water obtained from the wells and streams. The commissioner will report the results of his investigations.

THE deaths in London last week numbered 1499, representing a mortality-rate of 22·1 per annum. Measles and scarlet fever, of the seven principal zymotic diseases, were the most fatal, accounting respectively for 67 and 64 deaths; whilst 14 were due to small-pox, 6 to diphtheria, 28 to whooping-cough, 39 to different forms of fever, and 23 to diarrhœa. Though the general death-rate was higher than for some weeks past, that from the zymotic class of diseases was somewhat lower than the average. The fatality from diseases of the respiratory organs exhibits, as usual at this season of the year, a marked increase, the deaths from them having been 371.

A REQUEST has been made by the committee of the "Hospital for Diseases of the Throat" to the Council of the Metropolitan Sunday Fund "to be allowed to send a deputation to be heard in explanation of certain charges of mismanagement." We presume that the council of the fund will limit themselves to a consideration of the grounds on which they have withheld the award to the hospital, and will not regard themselves as a fit tribunal for the investigation of the charges that were recently brought before the committee of inquiry appointed at the instigation of the Prince of Wales.

AN outbreak of scarlet fever is reported to have taken place at Witham, in Essex, the sufferers from the disease being chiefly young persons. Six fatal cases have already occurred, and the number of attacks is about thirty. The steps taken to arrest the spread of the fever include the closing of all the schools in the town, and the appointment of a "nurse" to visit the houses where the disease has appeared, for the purpose of initiating and supervising the process of disinfection.

ON Thursday, November 1st, the Senate of the University of Cambridge conferred the Honorary Master of Arts degree on George Mackenzie Bacon, M.D., of the Cambridgeshire Asylum, Fulborn, in consideration of his kindness and valuable service to Cambridge students in having for some years given spontaneously and gratuitously practical lectures on mental diseases at the asylum. The University hereby shows its sense of the importance of such lectures in the medical curriculum.

MR. FRANCIS MEAD CORNER has been appointed medical officer of health for Poplar, in room of Dr. S. K. Ellison, deceased. Mr. Corner is an old *Dreadnought* medical officer, and the choice of the local authority is, in this case, an eminently happy one, as their new officer is well fitted for sanitary and official work.

THE governors of the Radcliffe Infirmary, Oxford, have called upon Mr. Hussey to resign the office of surgeon to the infirmary, or that of coroner for the city within one month, in consequence of some strong observations by Mr. Baron Huddlestone upon a trial for murder at the last assizes, in which Mr. Hussey was the principal medical witness, after having, as coroner, committed the accused for trial.

THE International Board of Health have recently issued a notice to the effect that all vessels arriving in Egypt from a suspected port without a bill of health, and without a surgeon on board, will be subjected to a quarantine of observation of three full days, if the voyage has not extended over nine days, and if no suspicious case of illness has occurred on board.

WE are informed that the whole of the new entries of medical students at Queen's College, Birmingham, for the present year amount to thirty, the majority of whom have entered at the commencement of the present month, and that the number considerably exceeds that of last year.

THIRTY-ONE out of the forty-two counties of England (counting the Ridings of Yorkshire as three separate counties, as they are for this purpose) have now adopted "The Sale of Food and Drugs Act, 1875," in regard to the appointment of public analysts.

AT a meeting of the Council of the Royal College of Surgeons, Ireland, held on the 1st inst., Dr. William Smyly was appointed an examiner in Midwifery. He was unopposed.

THE regretted death of Mr. James Flower, so well known at the Museum of the College of Surgeons, will be noticed in our obituary column next week.

MEDICAL ASPECTS OF THE WAR.

WHEN the medico-sanitary history of the present war comes to be written, no part of it will be more interesting and instructive than that which relates to the Russian arrangements for the distribution of the sick and wounded of the armies in the field in the interior of the Empire. By these arrangements the sick and wounded are continuously drafted from the seats of war in Bulgaria and Asia Minor into the interior, and are scattered in numerous spots over the entire area of Russia in Europe, from the coast of the Baltic on the west to the Volga on the east, and from the northern shore of the Black Sea on the south to the most distant provinces on the north. What proportion of the sick and wounded it has been found possible to draft from the seats of war is not yet known, but the few facts which we have been able to give from time to time on this subject would lead to the inference that, if not considerable, it would appear at least a very sensible relief to the pressure which must have been experienced, and which might otherwise have become overwhelming upon the medico-sanitary arrangements, especially as regards hospital accommodation, at the seats of war. The *Journal de St. Petersbourg* gives a summary of the regulations under which the drafting of the sick and wounded—"evacuation and transport" is the official phrase used apparently—from the seat of war is now carried out. We take the following from this source. These regulations came into operation on the 13th of October.

I. *General Regulations.*—The evacuation and transport of the sick and wounded into the provinces of the Empire, and

their distribution in the sanitary establishments there, are under the supreme control of the headquarters staff (§ 1).

The sick and wounded soldiers are to be distributed in the permanent and temporary hospitals of the War Department, the civil hospitals, and the sanitary establishments of the Red Cross Society. Sanitary establishments maintained by corporations and by private persons, also private individuals, are authorised to receive and take charge of sick and wounded, subject to the approval of the local authorities, military or civil, or of the Red Cross Society, who, in respect to private institutions and private individuals, will decide whether the accommodation offered for the sick and wounded is fitting (§ 2).

The following general regulations will govern the evacuation of the sick and wounded from the theatre of war.

(*a*) The sick and wounded are to be distributed in the first place in the sanitary institutions established along the railways, and (so long as the navigation continues open) the river and canal routes.

(*b*) To prevent overcrowding of these first halting places, there has been organised a permanent service of evacuation from these institutions to other sanitary institutions organised at a greater distance from the railways and navigable waters.

(*c*) In case of necessity, and as an exceptional measure ("une évacuation extraordinaire"), the sick and wounded will be removed from the hospitals of the second category, and transported to others at a greater distance in the interior.

The territory of the Empire is divided into "regions of evacuation," in each of which has been established a permanent commission of evacuation (§ 5).

II. *The evacuation and transport of the sick and wounded soldiers into the hospitals established on the lines of railway and upon the course of navigable waters.*—The commission of evacuation established at Yassy, by order of the Army of the South, will continue to regulate the distribution of the sick and wounded arriving there from the theatre of war in the hospitals established upon the lines of railway in the military districts of Kiev (the city of Kiev excepted), Odessa, and Kharkov, with the exception of the hospitals in the last-named district situated on the lines of Rostov-on-the-Don-Voronege-Kozlov-Tambov-Saratov (§ 6).

The commission of evacuation installed at Rostov-on-the-Don will continue, until further orders, to regulate the distribution of the sick and wounded of the army of the Caucasus in the hospitals on the Rostov-Voronege-Kozlov-Tambov-Saratov railway, and also in the sanitary establishments on the Griazi-Tsaritsyne railway (§ 7).

In addition to these two commissions two new ones have been organised, one at Kiev, the other at Moscow. The action of the first (Kiev) extends to all the hospitals established near to the railways of the military districts of Warsaw and Vilna, and the southern portion of the Moscow railways, also the lines Smolensk-Moscow-Vladimir-Nijni Novgorod. The city of Smolensk is under the control of the Kiev commission. The Moscow commission includes within its sphere of operation the northern portion of the military district of Moscow, and the military district of St. Petersburg. It must be noted here, however, that the civil hospitals of the two capitals, except such as have been specially set apart for the purpose, do not receive either sick or wounded from the theatre of war. Other sanitary institutions in St. Petersburg, and the hospitals of Peterhof, of Tsarskoé-Sélo, of Pavlovsk, of Oranienbaum, of Gatchina, and of Krasnoé-Sélo, receive wounded exclusively (§§ 8 and 9).

Sections 10 to 16 of the regulations provide that the heads of hospitals will keep the commissions of evacuation informed of the number of vacant beds. This information is to be communicated once a week, by telegraph. The commissions on their part are required to inform the heads of hospitals of the time of departure of sanitary trains destined to their charge, or if the train has to pass into the district of another commission, then that commission is to be informed, the responsibility of transmitting the further intimation devolving upon it. Each commission, moreover, is required to report by telegraph to head-quarters daily (1) the number of sick and wounded which have arrived in its district during the day from the seat of war or from the district of the adjoining commission; (2) the number of sick and wounded evacuated during the day, and the places to which they have been sent; and (3) the number remaining under the charge of the commission. Each commission is required also to send to head-quarters weekly a complete list of the sick and wounded officers who have been drafted elsewhere, the place to which they have been sent being stated.

III. *The distribution of the sick and wounded in sanitary institutions situated at a distance from lines of railway and of navigation.*—To regulate this part of the service of evacuation, a commission is organised in each province under the presidency of the governor. This commission is formed of representatives of the civil administration, delegates of the Zemstvo, and of the local committee of the Red Cross Society, a military medical man, and an officer appointed by the War Department (§ 17).

In order to avoid overcrowding of the hospitals which first receive the sick and wounded from the theatre of war, the evacuation of the patients and their transport to the hospitals of the second category takes place continuously, so that the hospitals (of the first category) installed along the lines of railway are always kept in a condition to receive new detachments of the sick and wounded.

To this end the heads of hospitals in the second category are required to inform weekly by telegraph the heads of hospitals in the first category (*chefs hiérarchiques*), and these again head-quarters, of the state (as to occupation) of the institutions under their charge.

To facilitate the evacuation of hospitals, there are formed at the military depôts "convalescent companies." These companies receive such of the convalescents, sick and wounded, who leave hospital still unfit for active service, but who need no longer to be treated in hospital (§ 26).

In addition to the mode of evacuation followed in ordinary course (*evacuation permanente*), special measures of evacuation (*evacuations extraordinaires*) can be had recourse to in case of urgency, the sick and wounded being then distributed in localities which, from their distance, remain outside the ordinary operations of the four commissions of evacuation. Among these localities may especially be noted the military district of Kazan and the Grand Duchy of Finlande (§§ 9 and 27).

To the regulations, of which the foregoing is a summary an "instruction" is added, according to which all the sick and wounded sent into the interior of Russia are divided into eight groups, as follows:—

1. Patients who, without having a defined malady, suffer from general exhaustion. These are sent into the military districts of Odessa and Kiev, to be distributed there in the "convalescent companies" attached to the hospitals and ambulances. The physicians of the Yassy Commission of Evacuation are directed, in selecting a place of destination for these patients, to give regard to the degree of exhaustion of the patient, and to retain those who give promise of early recovery near to the theatre of war.

2. Patients suffering from acute fever, inflammations of the organs of respiration and digestion, and from acute rheumatism, are transported to the hospitals lying near to the Roumanian frontier—namely, those of Kischenev, Bender, Tiraspol, &c.

3. Patients suffering from "typhus," tertian fever, and from dysentery, are despatched to the sanitary establishments on the railways from Birsoula to Kharkov, whence they may be sent in case of need towards the east as far as and including Slaviansk, and towards the north as far as and including Koursk.

4. Patients suffering from ophthalmia, simple or purulent, are sent into hospitals, specially organised for this class of ailment, in the provinces of the Odessa military district.

5. Patients suffering from syphilis are distributed in hospitals in the military districts of Odessa, Kiev, and Kharkov.

6. Patients suffering from a chronic disease are sent to Kiev, and distributed by the evacuation commission of this city in the sanitary establishments of the surrounding country.

7. The wounded, and those who have been operated upon, and who are incapable of undergoing a long journey, are transported to Kischenev and Odessa, and subsequently, if the health of the patient would be benefited by a milder climate or sea air, they are transported by rail to the west and south, preferably to the Crimea.

8. The wounded who are able to undergo a longer journey

are sent first to Kiev, whence they are distributed, according to their condition, by the Commission sitting there, to the hospitals in the military districts of Warsaw, Moscow, Vilna, Kharkov, and St. Petersburg. In arranging this distribution the Kiev and Moscow Commissions are required to conduct it so that the wounded can, as far as possible, be sent to their native provinces, and that patients whose cases need special surgical treatment be sent to the two capitals and to university towns.

The special correspondent of *The Times* at Constantinople, writing from Therapia under date the 16th October, reports the sudden breaking down of the health of Drs. Casson and Buckley in Armenia—the latter gentleman having been attacked, we learn from Lord Blantyre, with typhoid at Kars. Two surgeons (Dr. James Denmiston and Dr. John Pemberton) had arrived at Constantinople on the 12th, sent out by the noble generosity of Lord Blantyre, to supply the places of Drs. Casson and Buckley, but the Medical Board of the Turkish War Department had so successfully interposed difficulties in the way of their further journey to Erzeroum, that they were detained in Constantinople. Among the ingenious impediments raised by the Medical Board was the requirement that the English surgeons should submit to an examination as to their medical and surgical attainments! Subsequent information gives us to understand that these gentlemen would start for Erzeroum on the 19th of October.

Mrs. Mawer, in continuation of her interesting letters to us, writes from Bucharest under date the 21st October:—"Surgeon M'Nalty is gone to the front, having Mr. Conolly and a two years' student, Mr. Stevens, with him. They are working with Mrs. Mansfield, our Consul's wife, and the agent for the National Aid Society. Dr. Mawer takes the medical superintendence. Mrs. Mansfield and Col. Mansfield have joined our War Victims Society. We have now fitted up a small hospital of forty beds. Government has given us the building; other expenses rest on ourselves. Dr. Lamson, who was through the American, Franco-German, and Servian wars, has kindly offered to be our surgeon, and he and Dr. Mawer will work together. We have efficient aid from the natives, and no more surgeons are needed. We have ordered two ambulance waggons, at the cost of 1300 francs each, to transport the wounded from Turnu Magurelle to Slatina. We are expecting a sad influx of wounded, and on receipt of a telegram Dr. Lamson is prepared to start (with his Roumanian aid, a barber-surgeon), and to bring back the wounded. A lady whom I saw yesterday, and who had come in with the sanitary train, told me that they were often *five* days on the road between Turnu Magurelle and Slatina, a distance of only forty kilometres."

ENTERIC FEVER IN LONDON.

REPORTS having reached us of a great prevalence of enteric fever—almost amounting to an epidemic—in some parts of London, we have made inquiries of the medical registrars of the several hospitals as to the number of cases under treatment in each. We have received replies from the following, and our acknowledgments are due to those gentlemen who have favoured us with particulars:—

At St. Thomas's	...	23 cases	
Middlesex	...	15 „	
Guy's	...	10 „	(7 male, 3 female)
Charing-cross	...	6 „	
London	...	6 „	
St. Mary's	...	5 „	
University	...	2 „	
Westminster	...	0 „	

The cases at Guy's come from very varied and widely separate localities. It would appear from these figures that it is only in the districts near the Middlesex and St. Thomas's—namely, Marylebone and Lambeth—that there is any very great prevalence. The average number of cases annually treated in St. Thomas's, judging from the reports, is about 40, and at Middlesex 30, so that the number at those hospitals is certainly greatly in excess. We understand also that at St. Thomas's it has been found necessary to open some of the special wards to accommodate the overflow of cases. From the reports furnished by the registrars of St. Thomas's and Middlesex, it would appear that some special features had been observed in the character of the attacks which had not been noticed at other hospitals—suddenness of onset, persistent high temperature, comparative infrequency of diarrhœa being amongst the chief. We hope to give fuller particulars next week.

UNIVERSITY OF LONDON.

Resolutions to be submitted to an Extraordinary Meeting of Convocation.

"That it being manifestly inexpedient that frequent application should be made to the Crown for new and additional charters, it is desirable that provision should be made in any such charter for all changes in the constitution of the University, either at the time urgent or likely to be soon required; and that, it being probable that initiative measures will be shortly taken towards procuring such a new or additional charter, the following proposals require the serious consideration of Convocation and the Senate:—'1. An enlargement of the powers directly exercised by Convocation. 2. An increase in the proportion of Senators to be nominated or elected by Convocation, and the limitation of the tenure of office in the case of all Senators to a term of years. 3. The encouragement of mature study and original research among the members of the University, by the establishment of University lectureships, of limited tenure, in different departments of learning and science. 4. The introduction into the constitution of the University of such modifications as may remove all reason of complaint on the part of any of the affiliated colleges, with respect to the absence of means for expressing opinion and giving advice to the Senate on the Examination regulations, and on the changes proposed to be made therein from time to time. And that a Special Committee of ten members of Convocation be appointed to consider the above-mentioned proposals, and to report thereon to Convocation as speedily as possible.'"

Correspondence.

"Audi alteram partem."

THE TREATMENT OF ACUTE RHEUMATISM BY THE SALICYLATES.

To the Editor of THE LANCET.

SIR,—There have appeared lately in THE LANCET several cases reported of the treatment of acute rheumatism by salicylic acid and its preparations; but in none of them does it appear to me that the results were very marked, nor do they illustrate the good effects which may be expected to follow that course of treatment.

From the experience of some twenty cases treated with salicylic acid, I find the results exemplify in a striking way the almost invariable efficacy of the drug in cutting short the disease; but I find my treatment entirely different from those generally described, and I certainly ascribe my great success to the method of treatment.

As the complications which frequently follow the onset of the disease, more especially the cardiac ones, are more to be dreaded than the disease itself (which almost always subsides in a longer or shorter period under any treatment), it appears to me that the great objects which are indicated are to lessen the intensity of the disease and to shorten its duration, for there is no doubt that the longer the disease lasts and the greater its intensity, the greater the danger of cardiac complications. Therefore that treatment is the best which shortens the duration of the disease most quickly; and by employing salicylic acid in the manner I have done, I claim that the disease, in almost its entirety,

may be limited to from thirty-six to forty-eight hours in the great majority of cases.

My treatment is, in the case of adults, to give twenty grains of salicylic acid in solution every hour, or every two hours, for the first twelve hours, according to the severity of the symptoms, and the manner in which they abate; and I have never found it necessary to do anything for the joint symptons, they are so speedily relieved. When I first tried this treatment I found that the sudden collapse from the rapid fall of temperature was frequently alarming, and then I had employed bicarbonate of soda to dissolve the acid; but I thought then, if I could use carbonate of ammonia, I might obviate this collapse and not interfere with the action of the acid, and I now always use the following formula:—Salicylic acid, twenty grains; carbonate of ammonia, five grains; bicarbonate of soda, five grains; and water to one ounce. This forms a very agreeable mixture, which children rather like, and which does not produce vomiting.

After the first twelve hours of this treatment, I find the patients with well-marked symptoms of salicylicism, if I may call it so; they are drowsy, suffering from deafness, defective sight, and complain of noises in the head. I find the temperature either at the normal or very close, and all the physical signs of the disease have disappeared in a most magical manner; the joint symptoms have abated, all effusion has gone, the patients tell you they have perspired bucketsful, and they express a wish to get up. I then continue the twenty-grain mixture every four or six hours, according to circumstances, and the cerebral symptoms soon disappear when the doses are not so frequent. After the next day or two I add citrate of iron and ammonia in the proportion of five grains to each ounce of the mixture, and continue it for some little time.

I subjoin a few notes of the most recent cases I have had.

CASE 1.—Male, aged thirty. Swelling in left knee and ankle; intense pain. Temperature at 6 P.M. 102·8°; pulse 142. Ordered twenty-grain mixture every hour. At 12 P.M. temperature was 99·8°, and the next day normal, while all the symptoms had gone.

CASE 2.—Female, aged nineteen. Both knees and ankles much swollen. Pericardial effusion present, with intense pain. Ordered twenty-grain mixture every two hours. Temperature 101·8°; pulse 142.—Second day: Temperature 98·0°; pulse 88. All swelling and pain gone; slight pericardial friction sound. Patient got up on the third day.

CASE 3.—Male, aged twenty. Has been ill for a week. Both knees much swollen; groans with pain, and cannot bear to move. Temperature 101·2°; pulse 140. Ordered twenty-grain mixture every two hours.—Second day: Has got up. All swelling gone; no pain. Temperature 99°; pulse 96. This man went to work on the fourth day.

On this plan of treatment, which I have extended to children, of course proportioning the dose, I have had in all excellent results, and I can safely say that in no case has any cardiac complication supervened after the commencement of the treatment, and in several cases murmurs (which, however, perhaps, may not have depended upon organic lesions) have disappeared, while pericardial effusion is always lessened.

It is true that this rapid plan of treatment enfeebles patients rather more than the slower methods, but it is infinitely safer and certain. The convalescence is, in some cases, slightly protracted, but then the duration of the disease itself is very short, and the patient is well much more quickly in the end. In no case have I met with any untoward symptoms, during or following the course of treatment. The cerebral symptoms are sometimes alarming at first, but they rapidly disappear, while I have never seen the urine of a greenish colour during the treatment.

Periostitis followed by necrosis is not, certainly, induced by this plan of treatment, as suggested by Dr. Lilley in THE LANCET of Oct. 27th. It is an occasional, though rare, accompaniment of rheumatism, however treated, whilst in the case he quotes the doses were so small that the *post hoc propter hoc* system of reasoning will hardly apply; also the necrosis attacked one of the densest bones in the body, the least likely to be affected if it were due to the acid, and the most likely if it were due to the disease.

Sometimes I have noticed a peculiar vesicular eruption after the administration of salicylic acid, similar to that described by Mr. Callender as occurring from its external use, but which quickly passes away without any detriment so far as I have observed.

Undoubtedly there have been cases reported where salicylic acid has failed (*vide* Dr. Carter's two cases, THE LANCET, vol. i. 1877, p. 7). Why, when its effect is usually so marked, we cannot at present determine, but in several other cases the doses have not been large enough to satisfactorily prove the drug had no power. (I may mention that twenty grains of salicylic acid is nearly equal to thirty grains of salicylicate of soda, the preparation hitherto most generally used). But notwithstanding these failures, which have been very few, it appears to me that undoubtedly salicylic acid is of far more value than any other drug in the treatment of acute rheumatism, inasmuch as it is much more certain in its effects when properly administered, and it does infinitely diminish the risks of cardiac complications by rapidly shortening the intensity of the disease, and this alone should indicate its general administration, or, at all events, a trial in every case.

I am, Sir, yours &c.,

ENGLEDUE PRIDEAUX, L.R.C.P. Lond., &c.,
Resident Surgeon, Scarborough Dispensary and Accident Hospital.

To the Editor of THE LANCET.

SIR,—The account in THE LANCET of October 27th of Dr. Macdonald's case of rheumatic fever reminds me of a case I attended in March last, where the treatment was pretty much similar, and in which an equally speedy recovery took place.

On the evening of March 26th I was sent for to see a boy aged ten years, son of a gentleman farmer. He was in the habit of going to a day school, and attended, as usual, on the previous day. He confessed to his mother having got his feet wet *en route* on same day, and so sat in school all day. When he got home he complained of pains in legs, weariness, feverishness, and general *malaise*, and on the next evening I saw him, when the symptoms were pretty much as just stated. I ordered him an alterative mixture, and promised to see him next day. On arriving in the morning I found that he had passed a very bad night, crying out all the time from pain in the knee-joints. Both of these I found to be very much swollen and exquisitely painful. He begged to have the bedclothes removed. Tongue thickly coated, characteristic perspiration, temperature 102·6°, pulse 120, and, I fancied, a slight endocardial murmur, which was verified by its distinctness on the next day. Urine little in quantity, and depositing urates in great excess. He would not eat anything, but complained of great thirst. I ordered him to have milk and soda-water *ad lib.*, and this he relished exceedingly, and drank large quantities every day. I placed a stool across his knees under the bedclothes, to prevent their annoying him. I sent a mixture containing bicarbonate of potash and soda (a drachm and a half of each to 6oz. of water), and directed that he should have half an ounce of the mixture every three or four hours. I ordered two blisters about the size of a crown to be applied to the knee-joints at bedtime, dressed with simple ointment in morning, and wrapped in new flannel; salicin in seven and a half grain doses to be taken twice a day, at eight o'clock at night and morning. On the next day I found the knees much relieved, but one ankle and both wrists swollen and painful, endocardial murmur, slight pain in præcordium; had had a very restless night, but got about two hours' sleep at intervals; temperature and pulse almost the same as on previous day. Mother and boy each requested me not to forget the blisters—they had great faith in them; the mixture and salicin to be continued as before, and blisters for the additional joints affected; a dose of castor oil ordered. On the following day there was a decided change for the better; the pain in all the joints which had been effected was almost gone; had got four or five hours' sleep during the night; temperature 101·6°, pulse 112; murmur as before; the blisters on wrists and ankle had risen well, and were dressed as before; no additional joints affected, no complaint of headache either now or at any time during the illness; mixture and salicin to be continued. The next day he seemed almost convalescent; was able to sit up in bed, but very weak; passed a good night and did not complain of pains; murmur less audible; temperature 100·2°, pulse 105. Ordered to have

beef-tea and rice-pudding, as he said he was hungry to-day for the first time; medicine to be continued. I did not see him the next day, but on that following—viz., the sixth day from that on which the characteristic symptoms of rheumatic fever were present. He was perfectly free from pain, the temperature had fallen to 99°, pulse 84, and murmur inaudible. I said he might get up on the next day for a few hours, if he continued all right; medicine as before. Next day but one I saw him again, sitting up and apparently very well and comfortable, but exceedingly weak, with a very good appetite; his mother said he would attack a loaf and eat very large quantities of dry bread—a thing he never would do ordinarily. I ordered him to continue the same medicine for another day, and then administered perchloride of iron. He made a rapid recovery of his strength, and was back at school the day fortnight from that on which he became invalided.

In reference to the treatment, I may mention that I was a firm believer in the old alkaline treatment above all other methods; but a case some time before, which lasted from four to five weeks, rather shook my faith in it, and induced me to try salicin in addition, and I certainly was very well satisfied with the result. The amount of salicin given was very small, much less than in Dr. Macdonald's case; and I quite agree with what he says on the subject—i. e., "that heroic doses are not essential to the production of its specific effects." Had the case been that of an adult I do not think I should have increased the dose very much, and consequently would not expect to have had any cranial complications.

I am, Sir, your obedient servant,

ROBT. M. MAGINNISS, M.B. Dub.

Churchinford, Devon.

THE MEDICAL ASPECTS OF TOTAL ABSTINENCE.

To the Editor of THE LANCET.

SIR,—Mr. Brudenell Carter's able letter, of the 23rd inst., is a challenge to such medical men as have carefully thought over and studied the question of teetotalism, to put forth their experience upon it. I fully agree with Mr. Carter that the time has come for a more satisfactory agreement upon the principles that guide our advice in the matter of stimulants to people both in health and disease.

My own views I have recently expounded, and trust to lay them before the profession at an early date. I may therefore just add that I am in complete agreement with Mr. Carter upon the question of total abstinence, and hold further, that the profession would stultify itself if it gave any countenance to the teetotal cant which is "in the air" at the present time.

I have the honour to be, Sir, your obedient servant,

Grafton-street, Piccadilly, Oct. 30th, 1877. DYCE DUCKWORTH.

To the Editor of THE LANCET.

SIR,—IN THE LANCET of October 27th, Mr. Brudenell Carter proves conclusively that his bodily and mental activity is better maintained by one ounce of alcohol during each day than by taking none at all. He proceeds to say, "I strongly suspect, from the writings and speeches of many total abstainers, that even in cases where abstinence appears to be successful, the nutrition of the centres, which are subservient to the higher operations of the mind, is less perfect than it might be; and I think it very possible that I might myself exist without alcohol, if I could be content to let my brain lie fallow, and to limit my vital activity to a moderate amount of physical exertion."

No one who knows Mr. Carter as well as I do, and who knows what an amount of literary work of a high order he accomplishes, can doubt for a moment as to the activity, and I may say excellence, of those centres which evolved the sentence so elegantly, implying that the writers in question are not conspicuous for their wisdom.

Although not at all times a total abstainer (occasionally, at long intervals, taking a glass or two of good wine because I like it), and thus escaping the suspicion that my nervous centres may be classed with the above, I have a very strong conviction, that with few exceptions (Mr. Carter being one) the highest conditions of mental activity are best maintained without taking any alcohol, and that bodily fatigue may be best endured without its administration. There are two questions which it is not within my province to discuss, but which must be decided by physicians; and a third still more important—viz., whether the various forms of degeneration are not postponed rather by total abstinence than by moderate indulgence in alcohol. That they are so postponed, and that the highest conditions of mental activity and bodily health are maintained better without any than with small doses of alcohol, is, I venture to think the impression of a certain number of men, in regard to whom Mr. Carter would be the last to suggest that the centres already referred to were imperfectly nourished. I would add that I believe this number is an increasing one, and includes some of the most thoughtful and accomplished among our profession.

Your obedient servant,

Savile-row, Oct. 29, 1877. W. B. DALBY.

*** Many other letters on the above subject have been received, for which communications we hope to find room in our next impression.—ED. L.

STRYCHNINE AS A PROPHYLACTIC IN FEVER.

To the Editor of THE LANCET.

SIR,—Strychnine as a prophylactic and curative agent in malarial fevers has not hitherto, to my knowledge, received the recognition that its merits demand, nor has the adoption of preventive measures been adequately insisted on amongst troops and other large bodies of men exposed to local and atmospheric influences, rendering the incursion of such fevers certain to the unprotected. Thinking that it would be of service to the many medical officers at present with the Turkish and Russian armies, I am induced to submit to you for publication the result of many years' experience in the most notoriously insalubrious districts of Bengal and the north-west provinces of India.

Having conclusively proved the curative powers of strychnine in many long-standing cases of periodic fever where the recognised specific, quinine, had failed in its beneficial effects whilst producing all the constitutional disturbances incidental to its exhibition, I was induced to employ it as a prophylactic, and the results exceeded my most sanguine expectations. My practice was to give $\frac{1}{30}$ gr. of strychnine, combined with $\frac{1}{4}$ gr. of opium, the first thing every morning, and amongst those who persevered with this precaution the cases of fever were very few and mild in character.

Towards the completion of large railway works in the North-west Provinces, it became a matter of the greatest importance to maintain through the fever season the health of many thousands of workmen massed at various points along the line, where in preceding years the fever had been so universal and so violent as to cause a regular panic stampede amongst the coolies. Native assistants were detailed by me to superintend the daily administration of the preventive dose, and the sick report showed an average of less than 5 per cent.

I could multiply similar instances, were it necessary, to prove that we have in strychnine an invaluable preventive against jungle fevers.—I am, Sir, your obedient servant,

C. W. WAYLEN,

Formerly Surgeon to the East Indian Railway Company.

Oct. 10th, 1877.

CLUB REMUNERATION.

To the Editor of THE LANCET.

SIR,—In your issue of July 21st you were good enough to adopt my suggestion anent club remuneration, and to print my schedule of societies paying their medical attendants 5s. and upwards. By the courtesy of correspondents I am now able to send you a further list.

The remarks of those favouring me with returns confirm my former opinion that the clubs are ready to pay the larger amount, and that unworthy competition among ourselves alone prevents the profession obtaining what is justly its due. I am, Sir, yours faithfully,

D. HENRY MONCKTON.

Rugeley, Stafford, Sept. 1877.

List of Working Men's Sick Clubs paying their Medical Officers Five Shillings or upwards per Member per annum.

NAME.	LOCALITY.	AMOUNT PAID.	MEDICAL OFFICER.
Rose of England Lodge, Odd Fellows	Moreton-in-Marsh, Gloucestershire	5s.	J. N. Moore, Esq.
Kentish Britons	Tudeley, Kent	6s.	W. Fear, Esq.
Hand-in-Hand, O.F.	Tunbridge Wells, Kent	5s.	W. Stamford, Esq.
Hand of Friendship, O.F.	" "	7s.	"
Court Effort, Foresters	" "	6s.	"
Court Prince of Wales, Foresters	" "	5s.	"
Court Pride of Green, Foresters	" "	5s.	"
Union Friendly Society	" "	6s.	"
Harp Benefit Society	" "	6s.	"
Court Victory, Foresters	Tovil, Maidstone	5s.	G. H. Furber, Esq.
Odd Fellows	Faversham	5s.	E. Garraway, Esq.
Foresters	" "	5s.	S. K. Powell, Esq.
Prussian Hermits	" "	5s.	— Gauze, Esq.
Cement Club	" "	5s.	— Atthill, Esq.
Labourers' Union	" "	5s.	— Garrett, Esq.
Religious Benefit	" "	5s.	
Foresters	East Farleigh	5s.	E. M. Owens, Esq.
Private Club	" "	5s.	"
Laddinford Club	Yalding	5s.	— Pont & — Peak, Esqrs.
Benover Club	" "	5s.	"
Private Club	" "	6s.	"
Sir Isaac Newton Lodge, O.F.	Cheadle, Staffordshire	5s.	Thos. Webb, Esq.
Fitzherbert Lodge, O.F.	Swynnerton "	5s.	E. Fernie, Esq.
Society of Shepherds	Abergavenny, Monmouthshire	5s.	S. H. Steel, Esq.
Integrity Society	" "	5s.	"
Prince of Wales Ben. Society	" "	5s.	"
No. 4 Lodge, O.F.	Bridgnorth, Shropshire	5s.	A. Bathurst, Esq.
London and Manchester Indust. Association	" "	6s.	"
The People's Family Assurance	" "	5s.	"
Cubbington Club	Leamington, Warwickshire	5s.	"
Aldborough Lodge, O.F.	Aldborough, Norfolk	6s.	S. Barton, Esq.
Alby Lodge, O.F.	Alby "	5s.	"
Walpole Lodge, O.F.	Iteringham "	5s.	T. Bangley, Esq.
Marquis of Lothian Lodge	Aylsham, Norfolk	5s.	F. Little, Esq.
King's Arms Club	Wheatley, Oxfordshire	5s.	A. Newington, Esq.
Beckley Club	Beckley "	5s.	"
Foresters' Court	Wheatley "	5s.	"
Garsington Club	Garsington "	5s.	"
Hearts of Oak	Newbury, Berkshire	8s.	M. H. Palmer, Esq.
Foresters' Court	Abergavenny, Monmouthshire	5s.	R. Smythe, Esq.
Odd Fellows' Lodge	" "	5s.	"
Great Western Railway Provident Society	" "	5s.	"
United Patriots' Provident Society	" "	5s.	"
Castle Rising Medical Club	Castle Rising, Norfolk	6s.	C. B. Plowright, Esq. E. Woodward, Esq.
Tilney Medical Club	Tilney "	5s.	C. B. Plowright, Esq. J. Gatherwood, jun., Esq.
Terrington, O.F.	Terrington "	5s.	J. T. Seecombe, Esq.
Dymchurch Club	Romney Marsh, Kent	5s.	C. Eaton Baker, Esq.
St. Mary's Club	" "	6s.	"
Bonnington Club	" "	6s. 6d.	"
Burmarsh Club	" "	6s.	"
New Church Club	" "	6s. 6d.	"
Bilsington Club	" "	7s.	Richard Bevan, Esq.
Friendly Society	Ipswich, Suffolk	5s.	Webster Adams, Esq.
Foresters' Court	Hawkhurst, Kent	5s.	L. E. Aitkens, Esq.
Foresters' Court	Ticehurst, Sussex	5s.	John Taylor, Esq.
Wansford Lodge, O.F.	Wansford, Northamptonshire	5s.	F. M. Brown, Esq.
Yarwell Friendly Society	" "	5s.	"
Nassington Friendly Society	" "	5s.	"
Wansford Friendly Society	" "	5s.	"
Nassington Railway Society	" "	5s.	"
Crondall Lodge, O.F.	Crondall, Hampshire	8s. 8d.	"
Pride of the Cotswolds, Foresters	Cirencester, Gloucestershire	6s.	T. J. Burroughs, Esq.
Cleveland Court, Foresters	Ashton Keynes "	5s.	T. T. Taylor, Esq.
Friendly Society	South Cerney "	5s.	"
Foresters' Friendly Society	Cirencester "	5s.	"
Labourers' Union Club	Goudhurst, Kent	5s.	"
Private Club	" "	5s.	R. S. Newington, Esq.
British Workman's Society	Pensnett, Dudley, Staffordshire	5s.	"
Earl of Lichfield Lodge, O.F.	Alrewas "	5s.	J. Bradley, Esq.
Female Friendly Society	" "	5s.	F. G. A. Rogers, Esq.
Female Friendly Society, Old Women's	" "	5s.	"
Medical Aid Society	" "	5s.	"
Widows' Hope Lodge, O.F.	Stevenage, Hertfordshire	5s.	"
The Hope Society	" "	6s.	G. H. Smith, Esq.
National Independent Order, O.F.	" "	6s.	"
Loyal Benevolent Lodge, M.U., O.F.	Birmingham, Warwickshire	5s.	
An Israelitish Court of Foresters	" "	5s.	
An Israelitish Independent Lodge	" "	5s.	
Great Western Railway Provident Society	" "	5s.	
Odd Fellows' Lodge	Plympton, Devonshire	5s.	R. Ellery, Esq.
Labourers' Union	Welney, Cambridgeshire	5s.	C. T. Ennals, Esq.
Shepherds' Club	" "	5s.	"
Odd Fellows' Lodge	" "	5s.	"
Foresters' Court	Southery, Norfolk	5s.	"
Benefit Society	" "	5s.	"
Shipdham Labourers' Union	" "	5s.	"
The Shepherds' Anchor of Hope	" "	5s.	"
	Near Ely, Cambridgeshire	5s.	F. M. Beckett, Esq.

To the above list we have to add the following instances kindly reported to us: the first six by Dr. Mackinder, the last four by Dr. H. W. Oulton:—

NAME.	LOCALITY.	AMOUNT PAID.	MEDICAL OFFICER.
Hickman Lodge of Odd Fellows	Gainsborough, Lincolnshire	5s.	D. Mackinder, M.D.
Independent Order of Rechabites	" "	5s.	"
Court King William the Fourth, Foresters	" "	5s.	"
Britannia Lodge, O.F.	" "	5s.	R. H. Paterson, Esq.
Cosmopolite Lodge, O.F.	" "	5s.	"
United Society of Boiler Makers	" "	5s.[1]	F. C. Spooncer, Esq.
Foresters	Bradford-on-Avon, Wiltshire	5s.	Drs. Adye & Oulton.
Foresters	Halk	6s.	Dr. Highmore.
Rechabites[2]	Bradford-on-Avon "	5s.	Dr. Oulton.
Odd Fellows[2]	" "	5s.	"

[1] Besides extras for certain injuries, as by Poor-law scale.

[2] The two last-named Clubs pay 2s. 0d. to their medical attendants for every entrance examination.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen were admitted Members of the College on Oct. 25th:—

Barratt, J. Gillman, M.D. St. And., Cleveland-gardens.
Buszard, Frank, M.D. Lond., Northampton.
De Tatham, Hamilton, M.D. Brussels, Jun. Unit. Serv. Club.
Smith, David Boyes, M.D. Ed., Holles-street.
Smith, Robert Shingleton, M.D. Lond., Clifton.
Steell, Graham, M.D. Ed., Edinburgh.

On the same day the under-mentioned gentlemen became Licentiates of the College:—

Boulting, William, Belmont House, Heath-street.
Brown, John, Colebrook-row.
Coley, Frederic Collins, Morden-road.
Collier, Herbert, Bohemia House, Turnham-green.
Druitt, Lionel, Strathmore-gardens.
Lockwood, John Parker, New Hampton.
Masters, John Alfred, Maidenstone-hill.
Prentis, Charles, Upper Phillimore-place.
Price, Henry Elthington, Melrose, Stamford-hill.
Prideaux, Thos. Engledue Pegamus, Scarborough.
Steedman, Percy Andrew, Charing-cross Hospital.
Thurston, Edgar, King's College Hospital.
Tyrrell, Walter, Bethlem Hospital.
Wilmot, Thomas, Fenton, Newark.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed the required examination and received the diploma in Dental Surgery at a meeting of the Board of Examiners on the 30th ult.:—

Bellaby, Frederick, M.R.C.S., Hampstead.
Browning, Daniel, Crawford-road.
Thomson, Walter S., Denmark-hill.
Williams, Harold, Belgrave-road.

APOTHECARIES' HALL.—The following gentlemen passed the examination in the Science and Practice of Medicine and received certificates to practise on Oct. 25th:—

Aldrich, Arthur Worlledge, Mildenhall, Suffolk.
Baker, Fredk. Grenfell, Cambridge-gdns., Nottingshill.
Jeffreys, James Graham, Richmond, Surrey.
Nundy, Edward, Rotherham Hospital.
Rogers, Maurice Cohen, Wimpole-street.

The following gentleman also passed the Primary Professional Examination:—

Wray, George Bury, University College Hospital.

IT is proposed to hold a public meeting to establish a cottage infirmary at Maidenhead.

HOSPITAL SUNDAY in Dublin will take place on the second Sunday in November.

DR. ANDREW FERGUS, President of the Faculty of Physicians and Surgeons of Glasgow, has been appointed a member, for Scotland, of the General Council of Medical Education and Registration of the United Kingdom, vice Lister, resigned.

LINCOLN COUNTY HOSPITAL.—At the quarterly meeting of the governors, the secretary presented a statement showing that the balance due to the treasurer was £1598 2s. 8d. Various suggestions were made with the view of meeting the steadily increasing deficiency of income, and among others it was proposed to make a small charge to each patient not in actual poverty; but eventually it was decided to defer the consideration of the whole subject to a future meeting.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—A general meeting of the Society was held in the rooms of the Royal Medical and Chirurgical Society, Berners-street, on October 26th. The chair was taken by the President, Sir George Burrows. From the half-yearly statement read it appeared that £1298 10s. had been distributed among fifty-eight widows, twelve orphans, and four orphans on the Copeland Fund. The expenses of the half year had been £109 14s. 9d. It was announced that the directors, having a sufficient sum in hand, had determined to give a present of £326 at Christmas to the widows and orphans now receiving grants. During the half year fresh applications had been received from four widows and two orphans; thirteen members had died, and seven new members had been elected. Dr. Harvey Kimpton Owen was elected a Vice-President in the place of George Cooper, Esq., deceased. A legacy of £500 from Mrs. Mary Davis Parker was reported, and also £250 from the executors of the late James Graham, Esq. A vote of thanks to the chairman closed the meeting.

COLLEGE OF PHYSICIANS, IRELAND.—At a meeting of the Fellows, held last week, two members of the College were admitted to the Fellowship—namely, Dr. Stephen MacSwiney, lecturer on Medical Jurisprudence in the Cecilia-street School of Medicine, and Dr. Arthur V. Macan, Obstetric Surgeon to the City of Dublin Hospital, and late Assistant-Physician to the Rotundo Lying-in Hospital.

Medical Appointments.

ANDREW, J., M.D., F.R.C.P.Ed., has been appointed an Ordinary Physician to the Royal Hospital for Sick Children, Edinburgh, vice Macdonald, resigned.

BALFOUR, G. W., M.D., F.R.C.P.Ed., has been appointed a Consulting Physician to the Royal Hospital for Sick Children, Edinburgh, vice Duncan, resigned.

BEATTIE, J. A., L.R.C.S.I., has been appointed Clinical Registrar to Steevens' Hospital, Dublin, vice Johnston, promoted to Resident Surgeon.

BORLAND, J., M.B., C.M., has been appointed a Resident Medical Assistant to the Glasgow Royal Infirmary.

BRETT, J., M.R.C.S.E., has been appointed House-Surgeon to the Rotherham Hospital, vice Jones, resigned.

BRIGGS, H., M.B., C.M., M.R.C.S.E., has been appointed Demonstrator of Anatomy at the Liverpool Royal Infirmary School of Medicine, vice Ashby, resigned.

CARR, J., M.B., C.M., has been appointed a Resident Surgical Assistant to the Glasgow Royal Infirmary.

CARRUTHERS, W. H., M.D., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Halton District of the Runcorn Union, vice W. Carruthers, M.R.C.S.E., L.S.A.L., resigned.

CROOM, Dr. J. H., has been appointed a Physician to the Royal Maternity Hospital, Edinburgh, vice Duncan, resigned.

DENNIS, A., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Berkhampstead District and the Workhouse of the Berkhampstead Union, vice Lawson, resigned, at £90 per annum and fees.

ELSON, F., L.R.C.P., M.R.C.S., &c., has been appointed by his Grace the Duke of Portland Medical Attendant at Welbeck, vice Neale, deceased.

EMMERSON, J. B., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer of Health for the Howdon Urban Sanitary District, Northumberland, vice Hadfield, deceased.

FARQUHARSON, R., M.D., F.R.C.P.L., has been appointed an Assistant-Physician to St. Mary's Hospital, vice Lawson, deceased.

GIBSON, W. R., M.B., C.M., has been appointed House-Surgeon to the Royal Hospital for Sick Children, Edinburgh, vice Chapman, resigned.

GORDON, Mr. J. J., has been appointed a Resident Surgical Assistant to the Glasgow Royal Infirmary.

GOWLAND, G. R., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer and Public Vaccinator for the No. 3 District of the Mansfield Union, vice Coutts, resigned.

GRANT, D., M.B., C.M., has been appointed Assistant to the Extra Physicians to the Royal Hospital for Sick Children, Edinburgh, vice Cuthill, whose appointment has expired.

HERBERT, Mr. J., has been appointed a Resident Medical Assistant to the Glasgow Royal Infirmary.

HILL, R. B., M.B., L.R.C.S.Ed., has been appointed Honorary Assistant-Surgeon to the Fifth Battalion of the Cornwall Artillery Volunteers, vice Mason, resigned.

JOHNSTON, R., F.R.C.S., has been appointed Resident Surgeon to Steevens' Hospital, Dublin.

LAMB, W. H., M.B., has been appointed Physician to the Westminster General Dispensary, vice Purcell, resigned.

MACDONALD, Mr. D., has been appointed a Resident Medical Assistant to the Glasgow Royal Infirmary.

MACLEAN, J. H., L.R.C.P.Ed., has been appointed Medical Officer of Health for the Ashbourne Urban Sanitary District.

MASON, Mr. F. T., has been appointed a Resident Medical Assistant to the Glasgow Royal Infirmary.

MEEK, W. S., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer to the Drayton Union Workhouse, vice Sandford, resigned.

MEREDITH, J., M.D., L.R.C.S.Ed., has been reappointed Medical Officer of Health for the Wellington, Somersetshire, Urban Sanitary District.

POLLARD, W. R., L.R.C.P.Ed., L.R.C.S.I., has been appointed Medical Officer of Health for the Blackburn Rural Sanitary District, vice Forrest, resigned, at £30 for one year.

ROBERTSON, F. F. L., M.B., has been appointed House-Physician to the Royal Hospital for Diseases of the Chest, City-road, vice Williams, whose appointment has expired.

ROBERTSON, Mr. J. B., has been appointed a Resident Medical Assistant to the Glasgow Royal Infirmary.

SANDFORD, F. J., M.D., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer of Health for the Drayton Rural Sanitary District, vice Harding, resigned; and reappointed Medical Officer for the No. 2 District of the Drayton Union.

SHAW, Mr. W. F., has been appointed a Resident Surgical Assistant to the Glasgow Royal Infirmary.

STEVEN, Mr. S. F., has been appointed a Resident Surgical Assistant to the Glasgow Royal Infirmary.

TAYLOR, D., M.B., C.M., has been appointed a Resident Surgical Assistant to the Glasgow Royal Infirmary.

UNDERHILL, C. E., M.B., F.R.C.P.Ed., has been appointed an Extra Physician to the Royal Hospital for Sick Children, Edinburgh, vice Andrew.

WALSHE, Dr. J. L., has been appointed Medical Officer to the Workhouse, Kilmacthomas Union, co. Waterford, vice McKeogh.

WHITE, W., L.R.C.P.Ed. & L.M., L.R.C.S.Ed., has been appointed Medical Officer of Health for the Darton Urban Sanitary District, Yorkshire, at £20 per annum.

Births, Marriages, and Deaths.

BIRTHS.

DAVIS.—On the 19th ult., at Killybegs, co. Donegal, the wife of Robert H. D. Davis, L.R.C.S.I., of a son.

HALLAM.—On the 25th ult., at Norfolk-street, Sheffield, the wife of Arthur Hallam, M.R.C.S.E., of a son.

MOSSE.—On the 28th September, at Mona, near Kingston, Jamaica, the wife of Deputy Surgeon-General Charles B. Mosse, C.B., of a son.

ORANGE.—On the 22nd ult., at Broadmoor, Berks, the wife of William Orange, M.D., of a daughter.

ROGERS.—On the 26th ult., at Kensington, the wife of Hildyard Rogers, M.R.C.S.E., of a son.

VENNING.—On the 20th ult., at Sloane-street, the wife of Edgecombe Venning, F.R.C.S., of a son.

WESTCOTT.—On the 13th ult., at Martock, the wife of William Wynn Westcott, of a daughter.

WHITTAKER.—On the 13th ult., at Broadway, co. Wexford, the wife of William Whittaker, L.K.Q.C.P.I., of a daughter.

MARRIAGES.

NICHOLLS—CROMPTON.—On the 6th September, at St. George's Church, Dominica, W.I., by the Rev. Grant E. Thomas, M.A., Henry Alfred Alford Nicholls, M.D., son of Thomas Nicholls, Esq., of London, to Marion, third surviving daughter of the late John Corney Crompton, Esq.

SAMPSON—STEELE.—On the 29th ult., at Dorchester, Henry Moore Sampson, L.R.C.P.Ed., M.R.C.S.E., of Painswick, Gloucestershire, son of John Sampson, of Brympton, Yeovil, to Laura Augusta, sixth daughter of Edward Steele, of Wollaston House, Dorchester.

DEATHS.

BARFOOT.—On the 24th ult., at Barnsbury-road, Edward Barfoot, M.R.C.S.E., aged 76.

DOSWELL.—On the 25th ult., at Great Dover-street, Southwark, George Henry Doswell, L.S.A.L., aged 66.

DUNNE.—On the 19th ult., at Donnybrook, John Dunne, F.R.C.S.I., aged 79.

FRAME.—On the 22nd ult., at Abbey-green, Lesmahagow, Lanarkshire, Robert Frame, M.D.

JOHNSTON.—On the 27th ult., at Irvine, Ayrshire, Peter Johnston, L.R.C.S.Ed.

NESBITT.—On the 25th July, at Gisborne, New Zealand, William K. Nesbitt, M.B.

SILVESTER.—On the 16th ult., at his residence, Broadwater Grange, Tunbridge Wells, Dr. Thomas Hookham Silvester, formerly of Clapham, Surrey, in his 79th year.

STEELE.—On the 16th ult., at Queen's-road, Peckham, Edward Harry Steele, M.R.C.S.E., aged 31.

WILSON.—On the 28th ult., at Alloway-place, Ayr, James Clark Wilson, M.D., in his 36th year.

[N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*]

Notes, Short Comments, and Answers to Correspondents.

THE MANCHESTER WATER-SUPPLY.

THE so-called "Thirlmere water scheme" is just now exciting much general attention. The Corporation of Manchester propose, and indeed, as we believe, intend next year to apply for powers to convert Thirlmere Lake into a reservoir, in order to supply Manchester and its environs with water. It seems, however, that the city of Manchester, with which the Corporation are only concerned in their capacity as sanitary authority, is already well furnished with this chief necessity of life, and Salford, the neighbouring borough, is equally well supplied. As a board of health, the Corporation in 1874 collected £53,165 for the water-supply of Manchester and Salford, and also, as a water company, sold for domestic use beyond such limits, and for trade purposes generally, water to the value of £102,208. The engineer of the Corporation states the average quantity supplied per day to be 16,713,757 gallons, and his opinion is to the effect that when works in progress are completed, 25,000,000 gallons will be secured—i. e., 8,000,000 gallons in addition to present supplies. So that at the present time 5,741,000 gallons are supplied to Manchester and Salford daily, and 11,044,000 gallons to outsiders and for trade purposes. How, therefore, can Manchester be said to want water? In point of fact, Manchester wants not water at all; but the Corporation, having the profits that accrue to a water company, are about to try to obtain an Act that will enable them to increase their commercial profits, and to spoil at the same time a very pretty piece of English lake scenery. We seldom go out of our way on the score of sentiment, and sanitary considerations certainly, in our mind, should always override anything of the kind. But the Corporation of Manchester have already done their duty in supplying their own district with an ample supply of water, and they are in no sort of way responsible for the sanitary deficiencies of their neighbours.

Mr. Wm. Ball and *Mr. F. Watts* should write to (say) the Secretaries of the Northampton and Leicester Provident Dispensaries, and to the Secretary of the Haverstock-hill or Camberwell Dispensaries in London, for the information they require.

"THE NEW HELMET."

THE policy of slavish imitation of everything German, which at present distinguishes our military administration, has received a check in the attempt to assimilate the headdress of the British soldier to the Prussian *pickelhaube*. After many thousands of the new helmet had been made, it was discovered that the screw which confined to the crown the iron spike was defective, and easily permitted the latter to fall off. Moreover, the premises in Pimlico where the helmets are manufactured have proved such a nuisance to the inhabitants, in consequence of the vapour of naphtha which escaped, that the sanitary authorities of the district have been urgently requested to take steps to mitigate the evil.

York.—Application might be made to the local Bench of Justices to take measures for the repression of the nuisance.

A Subscriber.—Write to the Secretary of the Company.

CASE OF STARVATION FROM NON-ASSIMILATION OF FOOD.

To the Editor of THE LANCET.

SIR,—The following case will probably be read with some interest at the present time, inasmuch as in its post-mortem results it bears some striking analogy to that of the late Harriet Staunton. At the same time it appears to me to be worthy of record, as cases of such great emaciation are rare, especially after prolonged artificial feeding, and the statement as to the condition of the different organs after death may prove useful and instructive.

M. C——, a charwoman, fifty-five years of age, was admitted into the Birmingham Lunatic Asylum on July 10th, 1877, suffering from acute melancholia. She had been insane five days, and was certified as "incoherent, fretful, and anxious." On admission she was of middle height, brown complexion, bilious temperament, thin, looked wild and haggard; pupils normal; tongue clean and dry; pulse 120, very feeble; constantly moaning and undressing herself; took no notice of anything said to her, and refused all food. There was no history with her, nor could any be afterwards obtained.

July 12th.—Has taken no food; is excessively restless and noisy at night; is very feeble. She was fed by the stomach-pump with beef-tea and arrowroot. From this time to the 26th she was fed three times a day, having in quantity one quart of milk, a pint of beef-tea, and a pint of arrowroot. The feeding was violently resisted, and she was continually pleading to be killed; knocked her head against the floor, pulled her hair off, and snatched and kicked savagely. The bowels were relieved by an occasional dose of castor oil administered with food. Stools were of normal colour, but very offensive. She slept better, and looked a little brighter.

During the following week she took her food well, but continued in a restless and melancholy state.

On August 3rd she again refused food, and from that day until the 16th of September she was fed three times a day as before, an egg being given with each pint of milk. During this period she lost flesh, was haggard and shrivelled, feeble and tottering; would take no notice of her relatives, and resisted all attempts of examination of her chest and of administration of medicines.

On September 16th she recommenced taking her food (liquid only), consuming daily two eggs, two pints of milk, one pint each of beef-tea and arrowroot, and a pint of porter; but she became gradually emaciated and daily more enfeebled, and died on the 3rd of October, the cause of death being certified as cerebral disease.

Post-mortem examination of the body, fifty-four hours after death.—Body greatly emaciated. Skin hard, dry, and shrivelled. No marks of injury. No rigor mortis. Length of body, 5 ft. 3 in.; weight, 55 lb. The membranes of the brain (arachnoid and pia mater) were highly vascular, and easily removed from the brain surface. There was slight effusion of serum beneath the arachnoid and in the lateral ventricles, amounting in all to one ounce and a half. The sinuses and bloodvessels were filled with blood. The brain-substance was congested throughout, of a pinkish hue, and flabby. The basilar and carotid arteries and their branches were tortuous, and patched with deposits of atheroma. Weight of brain, forty-two ounces. Heart small and contracted; aortic valves extensively diseased by calcareous deposits; weight, 8 oz. Lungs free from disease; post-mortem congestion at the base of each. Liver and kidneys small, but healthy. Gall-bladder full. The stomach contained about half a pint of beef-tea with bread-crumbs, undigested; the internal coat had large patches of subacute inflammation, and was corrugated. The intestines throughout were shrunk and slightly inflamed. There was an entire absence of fat from the body.

I remain, Sir, yours &c.,

E. B. WHITCOMBE, M.R.C.S.,

October, 1877. Medical Officer, Birmingham Borough Asylum.

W. G. G.—One to three grains of chloride of calcium would be a proper dose for an infant under two years, and four to ten grains for children above that age. It may be given simply dissolved in water, sweetened with sugar or syrup. Sulphide of calcium is usually given only in very small doses to adults, from one-tenth to one-fifth of a grain three times daily, either in pill or mixed with sugar of milk. We should prefer the latter form for infants, in doses of one-twentieth to one-tenth of a grain.

W. B. H.—Practical Physiology, by the late Mr. James Hinton; Huxley's Physiology.

LUSUS NATURÆ.

To the Editor of THE LANCET.

SIR,—The following description of a freak of nature was seen by me last Saturday at Little Codham Hall, Wethersfield, Essex, which I send you in case you may consider it worth recording.

In the adjoining meadow there was a colt, one of the legs of which is formed like that of a cow, having a well developed cloven hoof. I thought that the creature might be the progeny of a horse and a cow; but with the exception of the leg in question, and that the angle at which the two legs are joined to the body more resembles that of the cow than of the horse, it in every essential, so far as I could judge, belongs to the latter species. It walks with constraint, and is a puny, weakly creature.

Yours obediently,

September 3rd, 1877. R. D. EDWARDS.

THE SUFFOLK COUNTY MEDICAL CLUB.

A FEW weeks ago we commented with much satisfaction on an attempt in Suffolk to organise a system of provident dispensaries in favour of labourers whose wages do not exceed 20s. a week, and of domestic servants whose annual wages do not exceed £8. A very important element in this attempt to form a great county medical club is the attitude of the medical men. Their feeling may be gathered from the following complete list of gentlemen who up to this time have consented to act as medical officers—viz.: Edward Burman Adams, M.R.C.S., Bungay; Webster Adams, M.R.C.S., Ipswich; Pelham Aldrich, M.R.C.S., Mildenhall; Edward Ralph Blackett, M.D., Wangford; George Cochrane, M.R.C.S., Wickham-Market; Henry Abdy Collins, M.R.C.S., Saxmundham; Charles Cooper, M.R.C.S., Needham Market; Edward Crickmay, M.R.C.S., Laxfield; Edward Bowles Crowfoot, M.B., Beccles; Harry Dove, M.R.C.S., Stowmarket; Samuel George Downing, M.R.C.S., Gislingham; William Ebden, L.S.A., Hadleigh; Branford Edwards, L.R.C.P., Ipswich; George Cordy Edwards, M.R.C.S., Ipswich; Albert Fleming, M.D., Holbrook; George Fletcher, M.B., Earl-Soham; Charles Garneys, M.R.C.S., Bungay; Thomas Garneys, M.R.C.S., Bungay; Richard Vicary Gorham, M.R.C.S., Yoxford; Edward Frederick Seagar Green, M.B., Alderton; Thomas Griffin, L.K.Q.C.P., Needham-Market; John Lawrence Growse, M.R.C.S., Bildeston; Frederick Gull, M.R.C.S., Coddenham; Theophilus Goate Gurdon, M.R.C.S., Boxford; Edward Beck Hammond, M.R.C.S., Claydon, Frederick Hills Harris, M.R.C.S., Mildenhall; Henry Jukes Hibberd, M.R.C.S., Walton; Robert Hughes, M.R.C.S., Woodbridge; George Edwards Jeaffreson, M.R.C.S., Framlingham; George Jones, L.R.C.P., Framlingham; Robert Edwards Jones, M.R.C.S., Long-Melford; Timothy Liddall Jones, M.B., Barrow; Frederick George Lawrence, M.R.C.S., Ixworth; Joseph John Lay, M.D., Peasenhall; Henry Payne Leech, M.R.C.S., Woolpit; John Mitford Ling, M.R.C.S., Saxmundham; Edward Robert Lock, M.R.C.S., Debenham; John Cox Lynch, M.R.C.S., Sudbury; Thomas A. C. MacArthur, L.R.C.S., Southwold; Charles Parker Mann, M.R.C.S., Boxford; Geo. Fredk Masterman, L.K.Q.C.P., Ixworth; Alfred Charles Mayo, M.R.C.S., Mildenhall; George Frederick Walford Meadows, M.R.C.S., Otley; William Partridge Mills, M.D., Ipswich; Bryce Jones Langford Morris, L.R.C.P., Halesworth; Henry Newman, M.R.C.S., Hadleigh; Arthur Pearse, M.D., Botesdale; George Willson Pretty, M.R.C.S., Pressingfield; John Sutherland Howell Probyn, M.R.C.S., Barrow; Charles George Read, M.R.C.S., Stradbroke; Charles Bainbridge Rendle, M.R.C.S., Saxmundham; John Wilton Sheridan, L.R.C.P., Stowmarket; William Hooper Short, L.R.C.P., Walsham-le-Willows; James Simpson, L.F.P.S., Leiston; William Simpson, M.R.C.S., Haverhill; John Percival Smith, L.R.C.P., Lowestoft; William Waters Stainthorpe, M.D., Wickham-Market; George Stevens, F.F.P.S., Norton; Wm. Gascoin Stutter, F.R.C.S., Wickhambrook; Edward Bevan Tench, M.R.C.S., Wickham Market; Francis Henry Vertue, M.R.C.S., Southwold; Edward Darby Wallis, M.R.C.S., Leiston; Richard Walter Waring, L.R.C.P., Cavendish; John Eden Northmore Whitlock, L.R.C.P., Haverhill; and George Reynolds Wilde, M.R.C.S., Mildenhall.

Inquirer.—We are not conversant with a better work than that named.

THE MEDICAL ASPECTS OF TOTAL ABSTINENCE.

To the Editor of THE LANCET.

SIR,—I have read with great pleasure and interest the experience of alcohol on the system as felt by so cultured a member of our profession as Mr. Brudenell Carter. I would echo his words in their entirety. I have experienced what he has, and, strange enough, I was in the "Black Country" two years and a half, and saw all he did.

I thought I would try total abstinence. I did so for nearly a twelvemonth. I was brought down to a shadow, and was very pale in the face. Before this experiment I was a ruddy-faced, healthy, strong-looking fellow. I was remarkably changed in appearance. From nearly 11 st. in weight I became reduced to 9 st. 4 lb. I persevered; I would not give way. But what was the result? My nerve-force was gone for any operation. Another rather curious thing I may state was that I lost sight; I could not read. When a man is the subject of drink he often sees double. With me in my state of total abstinence every line was *four* to my sight. This will not do, I said to myself. I will try a stimulant. I took a small glass of whisky, and had something to eat with it. I became all right, and went about my work right well. I am a rather small eater, believing that excess of any kind is injurious.

To speak of villanous drinks, allow me to make a passing observation. Whisky as well as other drinks I believe to be greatly adulterated. It is not how much we drink, but *what* we drink. Cocculus indicus is largely put into beer; of this I have conviction. Quassia is largely imported for the place of hops, but that will not do great harm. There would be much more temperance if there was no adulteration. Government should look to that more than has hitherto been done. "Expressions of the wants of the system" are generally correct. Such has been my experience. A great person, Prince of the nation, asked in a serious illness for his Bass's ale. It was given him, and, I think, he became well, perhaps not wholly from that, but greatly owing to it. Nature has her call, and I would say in *moderate* bounds that her call should always be obeyed.

I have ventured these few words in an honest and truthful spirit.

Your obedient servant,

Oct. 27th, 1877. F. H. W. T.

To the Editor of THE LANCET.

SIR,—Your correspondent, "In Medio," asks whether it is not somewhat early in the day to commence the wholesale recommendation of total abstinence to temperate people. Has he been, like Rip Van Winkle, asleep, that he is unacquainted with the fact that this very step, about the wisdom of which he is so doubtful, was taken by the profession forty years ago? No recommendation of total abstinence could be more wholesale, and no imprimatur more emphatic, than were embodied in the declaration then issued, with the signatures of over 2000 of the most eminent medical men in the country, including Sir Benjamin Brodie, Sir Jas. Simpson, Sir Anthony Carlisle, Sir Jas. Clark, Sir Henry Holland, Sir Wm. Burnett, Sir J. M'Grigor, Sir John Forbes, Sir Alex. Munro; Drs. Addison, Copeland, Neil Arnott, Paris, Alison, Bright, Chambers, Bostock, Guy, and Forbes Winslow; and Professors Syme, Rolleston, M'Leod, and Allen Thomson. The declaration sets forth that the most perfect health is compatible with total abstinence from all intoxicating beverages; that those accustomed to such drinks may, with perfect safety, discontinue them either at once or gradually; and that "total and universal abstinence from alcoholic liquors and intoxicating beverages of all sorts would greatly contribute to the health, the prosperity, the morality, and the happiness of the human race."

"In Medio" further asks, "Are we ourselves willing to give up using alcohol?" For my own part I can only say that I have given up using alcohol, and I know many eminent practitioners who have adopted the same course, though they have not yet avowed themselves teetotal standard-bearers. Permit me to add the expression of my firm conviction, that all members of the medical profession who respect themselves and their office will be found willing—nay, eager—to abandon any habit, however limited their own indulgence may be, which may be proved to be unsafe to any considerable section of the community.

I am, Sir, your obedient servant,

Grove-road, Regent's-park, Oct. 19th, 1877. NORMAN KERR, M.D.

To the Editor of THE LANCET.

SIR,—Early on a raw November morning, forty-five years ago, I took my seat with a friend on the top of a coach for a day's journey of upwards of seventy miles in a wild, hilly district of Scotland. We were the only outside passengers. We had not been long on the road when a storm of wind and rain set in, and continued for hours, with occasional showers of hail. In the afternoon the sky became clear, and as evening approached the temperature fell to, if not below, the freezing point. Soaked with rain and benumbed with cold, we huddled together with a view to keep heat up to the vital point. Thus we had sat for hours, when the coach stopped at the house of, apparently, a well-to-do farmer for the purpose of changing horses. In a minute or two a gentleman came to the coach with a bottle and glass in hand. He poured whisky to three parts full of the wineglass, and handed it to me, saying, "Take that, young man," which I did. He gave the same quantity to my friend. By the time we had resumed our journey I felt as if new life had been instilled into me, and my fellow-traveller exclaimed, "How comfortable I feel. Thanks to our friend." We had still twenty-seven miles to travel; but, warm and comfortable, we got to the end of our journey, often on the way thanking our friend and his whisky-bottle. Now, whence this energy? Whence the renewal of heat in the above instances? Would any scientific teetotaller kindly explain? I, perhaps in ignorance, attribute them to,

ALCOHOL.

October, 1877.

P.S.—I may add that I am so far a "temperance" man that for more than a quarter of a century I have not taken even the dietetic quantity of alcohol.

LEGAL POWERS OF AN APOTHECARY.

A Country Practitioner.—A person holding the qualification of L.S.A. is a fully qualified medical practitioner, and can recover for medical attendance in a court of law as well as for medicines. The power of recovery does not extend to *surgical* cases.

Z. O. B.—If a district medical officer recommends that a patient under his care shall be sent—he cannot himself "send"—to the workhouse, he is undoubtedly bound to give his reasons for urging the removal, and the Board of Guardians can require that they shall be stated in writing.

J. H. W.—Received, and will be inserted soon.

A QUESTION IN VACCINATION.

To the Editor of THE LANCET.

SIR,—Can you or any of your readers account for the following facts:—On October 8th I vaccinated five children, two from lymph preserved in a tube which I took a few weeks before from a child of a private patient, whom I knew to be perfectly healthy, and three from the arm of a child whom I vaccinated the week before, also a healthy child. In some of the five the vesicle ran its natural course; but in the others it rose the next day, and the day after the lymph was running out, so that when I saw them on the eighth day they presented the appearance of having been vaccinated four fortnight or three weeks. On the eighth day I vaccinated (from one of the children, on whose arm the vesicle ran its natural course) fourteen children, and three from another. All the fourteen ran the same abnormal course, and two out of the other three did the same, so that I had only one child out of the seventeen in whom the vesicle ran its regular course.

I am, Sir, yours &c.,

Oct. 22nd, 1877. NOM DE PLUME.

Only a Licentiate has discovered a mare's nest. If we had not seen his letter we should have been unwilling to believe that anyone could possibly have so misread our comments as to imagine that we intended to make any disparaging comparisons between a member of the Royal College of Surgeons of England and a licentiate of the Royal College of Surgeons of Edinburgh. We certainly did not wish to "hurl anathemas." If our correspondent will reread the annotation in cooler moments, its real purport may perhaps dawn upon him.

THE MEDICAL DIRECTORY.

To the Editor of THE LANCET.

SIR,—Might I suggest to the publishers of the Medical Directory, through the medium of your valuable journal, that they should give a list of coroners in their edition for 1878? It would be of great use to many, especially when located in a new county, and save having to ask so unobtainable a question of tradesmen &c. I only wonder it has never occurred to the publishers before, for the Directory is certainly nearly perfect in medical information generally.

Yours &c.,

Oct. 24th, 1877. F.R.C.P. EDIN.

A COMEDY OF ERRORS.

Mr. MacLachlan, of the Old Kent-road, sends us a very curious account of the way in which he found himself fortified with a warrant from the coroner to make a post-mortem in the house of a lady who had died suddenly, to the great surprise of the friends, who had already got a burial certificate. The mistake arose from two elderly ladies having both died suddenly in the same neighbourhood, one without being seen by a medical man, and from some misdirection by friends. It was made worse by the address not being on the warrant. The moral of the incident is too obvious to need pointing.

Obelisk.—1. An "order" for medical attendance on a woman in labour is often given without delay for inquiries. This is necessary. Whether the guardians see fit to compel the husband to refund the fee is not a question for the medical officer. He will be paid by the Board in pursuance of the "order." Of course in any case where the relieving officer finds he has been imposed upon, the guardians can, and are in duty bound, to compel the repayment.—2. "Orders" are not granted "on loan," but pending the decision of the Board upon the basis of inquiries to be made by the relieving officer, or in some instances the solicitor.—3. A relieving officer must act upon his own legal responsibility in refusing an "order" in any emergency, and if it could be shown that he neglected or violated the obligations arising out of his duty he would be responsible for the consequences thereby entailed.

J. H. A.—Our correspondent will see that it is impossible for us to name a special institution. The difficulty is to secure sufficient protection in the present state of the law.

T. Y. C. is doubt, with the diplomas M.R.C.S.E., L.R.C.P. Ed., L.S.A., is *not* entitled to put "Dr." before his name. Some meanly contend that they have such a right with these qualifications.

R. E.—In no one book, but in the various works on Materia Medica. One of the best accounts is in Stillé's Materia Medica.

X. Y. Z.—We cannot name a practitioner to consult. Our correspondent should ask the advice of his ordinary medical attendant.

Dr. G. F. Pritchard is thanked.

Mr. Peter Giles, jun.—The uterus has been often plugged with lint soaked in perchloride of iron to arrest hæmorrhage after operations, but not after labour.

THE SALICYLATES IN ACUTE RHEUMATISM.

To the Editor of THE LANCET.

SIR,—The remarkable case of rheumatism, followed by disease of bone, which Dr. Lilley has published in your number of to-day, contains some points on which I should like, with your permission, to say a few words.

The necrosis which occurred "in the early part" of the attack of rheumatism is attributed by Dr. Lilley to the salicylic acid employed in the treatment; at least he considers this as "by no means improbable." I must admit that the evidence he adduces in support of this view does not carry conviction to my mind. In the first place, the very fact of the bone disease coming on early seems to favour the conclusion that both this and the rheumatism were due to a common cause. We are told that there was exposure to cold and wet in a weak, overworked, and probably underfed boy, whose predisposition to bone disease is further shown to be probable by the fact that one of his brothers is suffering from strumous arthritis. Add to this the depression consequent upon the rheumatism (we are told that there was great exhaustion), and we have enough to render periostitis and bone disease by no means unlikely.

I cannot see that any importance should be attached to the solvent action of salicylic acid on bone. Hydrochloric acid, chromic, acetic, and picric acids, will decalcify bone, and some of them are commonly used by histologists for this purpose, mostly in very dilute solutions. There is, therefore, nothing surprising in the same effect being produced by a half per cent. solution of salicylic acid. But does it follow that living bone will be deprived of its earthy salts if this or any other acid be administered in medicinal doses? Even supposing that this took place, would not the effect be softening of bone rather than necrosis? That the urine was turbid with phosphates proves nothing as to excess of their elimination. On this point I beg to refer Dr. Lilley to an instructive paper on the Urine in Rheumatism, by Dr. Barclay, in the eighth volume of the St. George's Hospital Reports. He will there see that the amount of phosphoric acid excreted in twenty-four hours is about the same under alkaline and salicylic treatment, the uric acid being remarkably increased by the latter. The same volume also contains a paper by myself on the Treatment of Rheumatism by Salicylate of Soda, in which I have given reasons for preferring the alkaline salicylates to the uncombined acid. If Dr. Lilley will do me the favour to read it, I venture to hope that he will give them a trial in future cases, notwithstanding his present unfortunate experience.

I am, Sir, your obedient servant,
Upper Berkeley-street, Oct. 27th, 1877. JOHN CAVAFY.

To the Editor of THE LANCET.

SIR,—I have read with great interest the carefully observed case reported by Dr. Lilley in THE LANCET of Oct. 27th; but, before concluding with him that the necrosis was consequent upon the administration of salicin, I would ask whether the case was not from the first one of acute necrosis of both tibiæ and of the left radius? Such a case might be very readily mistaken, in the first instance, for acute rheumatism, inasmuch as effusion into the neighbouring joints not infrequently accompanies acute ostitis, and the redness over the tibiæ often closely resembles erythema nodosum. I remember a very similar case which I saw a few years ago. A boy, after jumping some ditches in a water-meadow, went home, and was seized with severe febrile symptoms and rheumatic pains. When brought to Guy's Hospital, a day or two later, he was suffering from tenderness and œdema over both tibiæ, with effusion into both knee- and ankle-joints, and there was great discussion among the resident students at the time whether the case was medical or surgical. There are many points in the history of Dr. Lilley's case which favour the view that the symptoms were from the first due to bone inflammation. The age of the patient (thirteen), the history of struma, overwork, and bad food, and the extreme severity of the symptoms at the onset, coming on after plunging his legs into cold water when heated, render this probable, and, further, "the legs below the knees were covered on the fourth day with urticarial wheals."—Your obedient servant,
October, 1877. B. CLEMENT LUCAS, B.S.

To the Editor of THE LANCET.

SIR,—I venture to suggest that the case narrated by Dr. Lilley in your last issue, as one of acute rheumatism, followed by necrosis of both tibiæ and the left radius, was not rheumatism, but acute multiple periostitis. I cannot at this moment recall any printed account of this disease; but cases with a history quite similar to that of Dr. Lilley's patient are well known to those who see children's hospital practice, and similar results with respect to necrosis are noticed to occur again and again, quite irrespective of the administration of salicin to which Dr. Lilley attributes so dire an influence.

Faithfully yours,
October, 1877. T. B.

To the Editor of THE LANCET.

SIR,—Having had a somewhat extensive experience in the treatment of rheumatic fever by salicylic acid, and feeling strongly that its introduction is one of the greatest advances in therapeutics of late years, I should be glad if you would allow me to answer the letter of your correspondent, Mr. Philpot, in to-day's LANCET. He states that after taking the second dose of the acid, his patient was much relieved, and that the joint pains rapidly left him, although his temperature commenced to rise.

Now, Sir, I have no hesitation in saying that two ten-grain doses of salicylic acid, repeated at an interval of four hours, would be far too small a quantity to produce any noticeable improvement in the patient's condition, and this very fact would show that at this time that peculiar phase of the disease was commencing which is observed in cases of rheumatic hyperpyrexia—viz., the cessation of arthritic pains, although the temperature is rising.

The description given by Mr. Philpot of his patient's behaviour on the last day of his illness exactly corresponds with that observed in ordinary cases of hyperpyrexia which have not been treated with the drug in question. Contrary to what one would have anticipated, it is just this class of cases which do not yield to the action of so powerful an antipyretic as salicylic acid.

I remain, Sir, yours &c.,
Bath, Oct. 27th, 1877. A RESIDENT MEDICAL OFFICER.

To the Editor of THE LANCET.

SIR,—Although Mr. Philpot's case of rheumatic fever terminated fatally, I do not think it can in any way be attributed to the use of salicylic acid in poisonous doses, seeing the patient took only forty grains in twenty-four hours.

I have used salicylic acid in several cases of acute rheumatism with the most gratifying results. I always commence with fifteen grains every three hours, and if the pain is not relieved, and the temperature is rising, increase it to twenty grains every three hours. With one exception, I have not had to use the drug more than five or six days, as the cases by that time have been quite well. The only symptoms that could really be referred to the use of the drug were diarrhœa, slight headache, and occasional sickness.

The temperature of Mr. Philpot's patient does not seem to have been high until the seventh day, on which he died. On the first two days of his attack the temperature is not stated, although it is said to be "rising" on the second day, and to have risen to 103°5° on the third day. On the fourth day it had fallen to 103°. "On the fifth day he was about the same." I presume his temperature was taken, and that it was 103°? There is no mention of temperature on the sixth day, but the patient was relieved after taking twenty grains of the acid. The acid was continued, and on the seventh day the temperature was 106°5°. Now, it would be interesting to know what the temperature was on the sixth day, before the acid was given; for if higher than on any preceding day it would show that the temperature was gradually rising, and that the subsequent rise could not be attributed to the use of the acid. The symptoms described on the seventh day seem to show very clearly that it was "hyperpyrexia" which caused death, and not salicylic acid. The fact of the patient losing all his pains, with a temperature of 106°5°, being delirious, and then becoming comatose and dying (with a temperature that is not stated) in that state, should not, I think, lead one to attribute death to salicylic acid.

I have seen a case with precisely the same symptoms, which was treated with cold baths, and complete recovery took place; and two others, where baths could not be procured sufficiently early, died in a comatose condition, with temperatures of 109° and 110° respectively.

The thermometer in such cases must be the indicator for treatment, and the treatment eminently antipyretic, and it is to be hoped that Mr. Philpot combated the "cerebral symptoms" by cold in some form.

One word as regards "metastasis to the brain." I think the sooner we give up the idea of "metastasis" and pay more attention to the thermometer and the best means for reducing hyperpyrexia, the better will be our success in the treatment of such cases of acute rheumatism.

To Mr. Philpot I would say, Do not hesitate to use salicylic acid again, but use it earlier and in larger doses; but if, in spite of this, the thermometer rises to 106°5°, with cerebral disturbance, use the cold bath.

I remain, Sir, yours &c.,
Queen's-road, Peckham, Oct. 1877. W. COCK.

To the Editor of THE LANCET.

SIR,—In your impression of Oct. 27th are recorded four cases of acute rheumatism treated by salicin or salicylic acid. In one the writer attributes the occurrence of necrosis to the action of the drug, and in others a transient delirium and a fatal cerebral complication are referred to the same cause. Will you allow me, as having treated nearly a hundred and fifty cases of acute rheumatism with salicylic acid or salicin, to make a few remarks.

1. The evidence on which necrosis is attributed to salicylic acid is merely that of the fact that the acid will dissolve bone. This property, however, is shared by many other acids—e.g., hydrochloric,—to the use of which no one would attribute any such accident.

2. A transient delirium, such as Mr. Jones records, is occasionally seen in cases of rheumatism under ordinary treatment. I have seen it in patients taking no medicines, in those taking salicin, and in those in whom the salicin had been discontinued, independently of any detectable cardiac complication. It would have been of interest, however, to know if the "greenish

urine" which is described contained any carbolic acid, in case of an impurity in the sample of salicylic acid.

3. With regard to the rapidly fatal case related by Mr. Philpot, I think we have sufficient evidence to show that, while salicin does not cause such cerebral complications as he describes, and which are unhappily too common, it is unfortunately of very little use in such cases. I have myself seen five such fatal cases within the last eighteen months. It is as necessary now as before the discovery of the new drug to have the cold bath at hand, and to use it promptly under such circumstances.

4. Dr. M'Donald speaks of the effect of small doses of salicin. Had he given three times the dose—i. e., thirty grains of salicin or sodium salicylate,—he might well have expected the favourable result he records to have occurred in two days instead of five, without the assistance of the Dover's powders, bicarbonate of potassium, and potash water, the use of which somewhat precludes an exact estimate of the effect of the drug.

In cases of acute rheumatism treated by salicylate of sodium or salicin in half-drachm doses, opium is seldom necessary, and in eight cases out of ten the temperature is normal, and the pain absent in twenty four to forty-eight hours after the administration of the drug.—Yours truly,

Leeds, Oct. 30th, 1877. ERNEST H. JACOB, M.A., M.B.

CORRIGENDA.—In the fifth paragraph of the report of the case of Wry-neck at the Orthopædic Hospital (THE LANCET, Oct. 27th, page 609), "I may state" should read "It may be stated." In the sixth, for "the lower row of teeth are *not* opposite," read "are *now* opposite." — In the article on "Doctored Beer" last week, page 637, for "Amomum melequeta," read "Amomum *melegueta*."

COMMUNICATIONS, LETTERS, &c., have been received from — Prof. Spence; Dr. Barlow, London; Dr. J. B. Sanderson, London; Dr. Mahomed; Mr. Cavafy, London; Mr. Sandford; Mr. Lang; Mr. Gay, London; Mr. Chavasse, Birmingham; Dr. Samuel Benton; Dr. Russel, Lancaster; Mr. Seltzer, Highgate; Mr. J. H. Walters, Farringdon; Dr. Hinds, Birmingham; Mr. Wright, Walkingham; Mr. A. Kebbell, Flaxton; Mr. King, Ulceby; Mr. Sanders, Asamgorh; Dr. Brownless, Melbourne, Australia; Mr. Walker, Spondon; Dr. Thornton, Carlisle; Mr. Sutcliffe, Burnley; Mr. Whitcombe, Birmingham; Mr. R. C. Lucas, London; Dr. Whipham, London; Mr. Robertson, London; Mr. Eastlake, London; Mr. F. W. Clare, London; Dr. Page, Newcastle; Dr. Dolan, Halifax; Messrs. Chalmers and Co., London; Dr. Macdonald, Cupar; Mr. King, Rugby; Mr. Evans, Islington; Mr. Field, Bath; Mr. Benton, Holloway; Dr. Hayward, Liverpool; Mr. Groves, Woodford; Dr. Herbert Tibbits, London; Mr. Steele, Dorchester; Mr. Macpherson, Middlesborough; Mr. P. L. Everard, London; Mr. J. Brookes, Wellington; Mr. Oliver, Manchester; Mrs. Allen, London; Mr. Jacob, Leeds; Messrs. Stebbing and Co., London; Mr. Blackett, London; Mr. F. R. Fisher, London; Mr. Swain, Devonport; Dr. Edis; Dr. Maclean, Ashbourne; Dr. Lamb; Mr. Haigh; Dr. Schofield; Dr. Price; Mr. Alger; Mr. Brown; Mr. Hill; Dr. Stuart; Mr. Griffith; Pr. Johnson, Paris; Mr. Shepherd; Dr. Gray, Carrick-on-Shannon; Mr. Christie; Mr. Page; Dr. Torrance, Walston; Mr. Juler; Dr. Elsom, Whitwell; Mr. Norris; Dr. Lapage, Nantwich; Dr. Taylor, Cardiff; Dr. Atlee, Dublin; Dr. Boulton, Ingham; Dr. Bryan, Northampton; Mr. Duncan; Dr. Warner; Mr. Herring; Mr. Steel; Mr. Lee; Dr. Woods, Southport; Dr. Giles, Hereford; Dr. Briggs, Liverpool; Dr. Waters, Ipswich; Dr. Lush, Weymouth; Mr. Casson, Weymouth; Dr. Tinlay; Dr. Cock, Peckham; Dr. Offenberg, Wickrath; Mr. Brass; Dr. Ussher, Burton-upon-Trent; Dr. Lambert, Liverpool; Dr. Wilson, Alton; Dr. Macnab, Bury St. Edmunds: Dr. J. L. Hamilton, London; Mr. E. Prideaux, Scarborough; Mr. Maginniss, Honiton; Mr. Kesteven, Holloway; Mr. Jordan, London; Mr. Maclachlan, London; Mr. Johnson, Dublin; Mr. Fenwick, Leipzic; Mr. Barrow, London; Messrs. Wright and Co., London; Dr. Duckworth, London; Dr. Gillespie, London; Dr. Auchinleck, Chatham; The Director-General of the Medical Department of the Navy; The Secretary of the Middlesex Hospital; The Secretary of the Wolverhampton Hospital; C. S. S.; The Medical Registrar of Charing-cross Hospital; Enquirer, Manchester; W. B. H.; M.R.C.S.; E. W., Ramsgate; Obstetricus; D. P.; M.B.; The Registrar-General of Births and Deaths; One who is Jealous of his Profession; A Qualified Assistant; A would-be House-Surgeon; One who has Lived these several Years; A Subscriber; York; &c. &c.

LETTERS, *each with enclosure*, are also acknowledged from — Mr. Bennett, Burnley; Mr. Nicholls, Kingsland; Mr. Banks, Liverpool; Mr. Kneebone, Bedford; Messrs. Hassall and Hehner, London; Mr. Thorp, Halstead; Mr. Stamford, Alfreton; Mr. Martin, Northgate; Mr. Sanders, Southsea; Messrs. Owen and Carr, Cardiff; Dr. Muscroft, Pontefract; Mr. Cousans, Lincoln; Mr. Morgan, Morriston; Messrs. Porteous and Co., Glasgow; Mr. Peyton, Southsea; Dr. Duncanson; Mr. Porter; Dr. Gray, Edinburgh; Messrs. Clarke and Co., York; Mr. Arkle; Dr. Skrimshire, Holt; Mr. Fyfe; Dr. Lilley; Dr. Johnstone, Cheadle; Dr. Elliott; Dr. Allbutt; Dr. Pithie, Ceres; Mr. Thomas; Mr. Kemp; Mr. Howell; Mr. Hall; Dr. Roche, Brecon; Mr. Lamprey, Dalkey; Dr. Nattrass, Sunderland; Dr. Purdon; Dr. Burder, Bristol; Mr. Jones, Alcester; Mr. Wilson; Mr. Cornish; Vectis; M. B.; C., Brynmawr; M.R.C.S. Eng.; A. D., London; M.R.C.S., Kingsland; C. W., Coventry; Delta, Pontypridd; Medicus, Gypsy Hill; L.R.C.P., Sheffield; B., Oxford; W. M. S.; J. B.; A. K. C.; F. R. P., Canterbury; B. O. A. P.; Rus; P. W. S.; Medicus, Birmingham; P. T.; H. M.; E. S. E., Hackney; Box, Huddersfield; Y. Z.; X. X. X.

Financial Opinion, Temperance Record, Times, Bicycling Times, Statesman of India, Tower Hamlets Independent, Scottish Reformer, Cork Constitution, Wellington Journal, Burton Chronicle, Edinburgh Daily Review, Hornet, Bath Herald, Animal World, and *Essex Times* have been received.

METEOROLOGICAL READINGS

(Taken daily at 8 a.m. by Steward's Instruments.)

THE LANCET OFFICE, NOV. 1ST, 1877.

Date.	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Wet Bulb.	Dry Bulb	Solar Radiation in Vacuo	Max. Temp. Shade	Min. Temp.	Rainfall.	Remarks at 8.30 A.M.
Oct. 26	29·77	N.W.	48	50	66	56	47	0·37	Overcast
,, 27	29·91	S.W.	52	54	70	57	48	...	Cloudy
,, 28	29·87	N.W.	50	54	79	58	36	0·06	Fine
,, 29	29·87	S.W.	53	55	...	60	48	...	Raining
,, 30	29·89	W.	50	51	70	61	48	0·23	Cloudy
,, 31	30·14	W.	48	51	79	58	40	...	Fine
Nov. 1	30·40	W.	45	48	74	58	44	...	Fine

Medical Diary for the ensuing Week.

Monday, Nov. 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 3 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—2 P.M. General Monthly Meeting.
MEDICAL SOCIETY OF LONDON.—8½ P.M. Dr. Greenhalgh, "On the Treatment of Dysmenorrhœa and other Uterine Affections by a new form of Pessary."

Tuesday, Nov. 6.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8½ P.M. The following Specimens will be exhibited:—Dr. Peacock: Aneurism of the Aorta opening Externally. Dr. P. Irvine: Two Cases of Abdominal Aneurism. Mr. Wagstaffe: Aortic Aneurism bursting into the Pericardium, following a Cured Popliteal Aneurism. Dr. Crisp: (1) Case of Imperforate Anus; (2) Miliary Tuberculosis in an Infant aged three months. Mr. A. Doran: (1) Perforation of a Diverticulum in the Jejunum; (2) Large single Cyst of the Testicle. Mr. Davies Colley: Congenital Occlusion of the Small Intestine. Mr. H. Cripps: Cancer of the Rectum. Dr. Dowse: The Pathology of a Case of Paralysis Agitans. Dr. Burney Yeo: Cyst connected with the Liver. And other Specimens.

Wednesday, Nov. 7.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Dr. Wiltshire will demonstrate the application of Professor Tarnier's Forceps on the Phantom.—Dr. Fancourt Barnes will also exhibit an improved model Phantom for Obstetric Classes.—Dr. Galabin, "On the Choice of the Leg in Version."—And other papers.

Thursday, Nov. 8.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

Friday, Nov. 9.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CLINICAL SOCIETY OF LONDON.—8½ P.M. Mr. Bellamy, "On a Case of Urethral Calculus."—Mr. Sydney Jones, "On a Case of Urethral Calculus."—Dr. Gowers, "On a Case of Unilateral Injury to the Spinal Cord."—Dr. J. Burnly Walker, "On a Case of Left Hemiplegia and Hemi-anæsthesia, associated with Loss of Speech; Recovery" (communicated, with Remarks, by Dr. Broadbent).

Saturday, Nov. 10.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.

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